The American Practitioner.

SEPTEMBER, 1885.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than any thing else.—RUSKIN.

Original Communications.

DIRECT HERNIOTOMY.*

BY W. O. ROBERTS, M. D.

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CASE I. A man, aged thirty-five years, a bar-tender, was kindly referred to me by Dr. Taylor, of Mississippi. The history of the case is as follows:

An inguinal hernia had existed from boyhood, and had remained reducible, needing only a truss to keep it in place, until the year before coming to me, when it came down while he was lifting a beer keg, and he found himself able to replace but a portion of the tumor. He now substituted a suspensory bandage for the truss, with the result of having a sudden increase in the size of the tumor on any considerable muscular effort, as in lifting beer kegs. On these occasions he would suffer much pain and experience great difficulty in returning the newly-descended portion. The patient, realizing the danger of his condition, decided to undergo an operation for radical cure. I found the tumor, which was an enteroepiplocele somewhat larger than a goose's egg. The intestinal portion of its contents was reducible. With the assistance of my colleagues, Professors

*Read before the Kentucky State Medical Society, at Crab Orchard, Ky., June 26, 1885.

Yandell and Cottell, I operated before the University class. The preliminary incisions having been made, the enteric or reducible portion of the tumor was returned before opening the sac. The adherent and irreducible portion was composed entirely of omentum, was as large as a man's hand, much thickened, and attached to the sac by strong adhesions. A ligature of whale tendon was thrown around it at a point just within the external ring, and the parts external to the ligature cut away. The sac was now dissected up, and a ligature applied external to that on the omentum. The body of the sac was then removed, and the pillars of the external ring secured in apposition by a continued suture of whale tendon. The wound was closed by deep and superficial sutures and a compress and bandage applied. The only antiseptic used was a weak solution of carbolic acid. But slight shock followed the operation; on the second day the temperature reached 100° F., but quickly fell to normal, and recovery occurred without an untoward symptom. The upper two thirds of the wound healed by first intention, the remaining third gaped somewhat on removal of the sutures, but soon closed by granulations. In two weeks the patient was out of bed, and in two other weeks left for his home. He was provided with a light truss, and told to wear it for several months as an additional safeguard against a recurrence of the rupture. He neglected to use the truss as directed, but no trouble occurred for six months, when, while assisting in lifting a barrel, he felt something give way, and an examination revealed a small protrusion at the original seat of the hernia. A suitable and stronger truss was immediately applied, and has been amply sufficient to prevent any subsequent descent of the tumor.

Case II. Late in the afternoon of November 29, 1884, Dr. W. M. Griffiths sent for me to see a man, twenty-four years of age, with strangulated inguinal hernia on the right side. The hernia had existed for many years, but had previously been easily reduced, except on two occasions when he had, as he said, all of the symptoms present at the time of our visit, which, however, had by rest in bed and taxis done by himself gradually

been overcome. His present attack was brought on by lifting a trunk twelve hours before, and, his usual manipulations failing to accomplish their purpose, he sent for assistance. The tumor was about the size of a hen's egg, extremely tense and sensitive; no impulse on coughing, pain limited to tumor; neither nausea nor vomiting, temperature normal, and pulse 80. I introduced a large hypodermic needle into the sac and drew off several drams of reddish fluid, with the effect of considerably reducing the size and relieving the tension of the tumor. Taxis was then practiced for a few minutes under chloroform, but without success.

Herniotomy was now advised, indeed insisted upon, but the patient persistently refused, alleging in excuse that he had in the same way, and on previous occasions suffered just as much and pulled through without cutting. We reluctantly left him after directing that he make no attempt at taxis, but lie with his hips raised and apply ice continuously to the tumor, and finally notify us should vomiting occur or the pain increase. We had no call from him during the night, but when we saw him at 8 A. M. on the next day we learned that vomiting had set in about midnight, and had continued at short intervals. It is hardly necessary to remark that the patient's condition had changed greatly for the worse. His pulse was 108, feeble; temperature 100° F. There was no distension of the abdomen, but the tumor was tense and sensitive to the touch. The vomited matter was fecal in character. Expression anxious. Herniotomy, as offering the only hope of relief, was now done at once, Drs. Yandell and Griffiths assisting.

The hernia was an enteroepiplocele. The intestinal portion was very deeply congested, while the omental portion was gangrenous. I ligated the latter at a healthy point, and cut away the dead portion. The intestine was now thorougly cleansed, and reduced without difficulty. The sac was then dissected up and divided at its neck, a drainage-tube introduced well up into the canal, and the external ring closed around it. The patient rallied from the operation, and had two actions from his bowels

in the afternoon. But on the following day general peritonitis set in, which ended fatally on the third day. No post-mortem could be obtained. On opening the sac a dark reddish fluid escaped.

CASE III. December 25, 1884, I saw, in consultation with Dr. Simpson, of this city, Mr. W., aged sixty-two years, who had been the subject of a slight inguinal hernia for twenty years. He got along in moderate comfort by wearing a very stiff truss. Three days prior to my visit he was suddenly seized with pain in his abdomen of such severity that he was unable to stand. He was placed in a hack and taken to his hotel, where Dr. Simpson afforded him temporary relief by hypodermic morphia. When the effects of morphia passed off, however, the pain returned with its former violence. The bowels were now emptied by an enema and the morphia repeated. For the succeeding forty-eight hours the hypodermic syringe required to be often used in order to quiet the pain. Dr. Simpson at his first visit detected a small tumor in the right side of the scrotum, but the patient assured him it had long been there, and caused no pain whatever. About this time unmistakable signs of intestinal obstruction became evident, and I was sent for. I found the patient with nausea and occasional vomiting, the abdomen much distended and tympanitic, bowels constipated, tongue dry, pulse 100 and slightly irregular, temperature 99.5° F. A tumor, hard and slightly sensitive to the touch, about the size of a guinea's egg, was found in the upper part of the right side of the scrotum. I proceeded at once to do herniotomy, assisted by Professor Yandell and Drs. Simpson and McDermott.

The sac was found very greatly thickened, and its upper and lower part separated by a small cavity, which contained about a dram of pus. The hernial tumor tightly filled the inguinal canal. It did not extend beyond the external ring. The index finger, inserted into the ring and carried gently along the canal, readily effected reduction. I now dissected up the sac and threw a silk ligature around it, just within the external ring, and cut

away that portion which lay in front; I then twisted the neck upon itself several times, closed the ring with the continued suture, and the wound with deep and superficial sutures, and over all applied a compress and bandage. Carbolized silk was used for ligatures and sutures, and for hands, instruments, etc., a one-in-two-thousand solution of corrosive sublimate. Outside of a rather sharp inflammation of the scrotum, recovery was fairly quick and wholly uninterrupted. Six months have now elapsed since the operation was done, and though the patient has worn no truss the tumor shows no disposition to return.

Case IV. Mrs. T., aged sixty-five years, thin and very delicate, the mother of several children, had been the subject of double femoral hernia for thirty years. The tumor was small. She wore a double truss with comfort, and while the herniæ often descended, it was not until December 28, 1884, that she experienced any trouble in reducing them. At this date her truss was broken. Continuing to attend to her household duties without the support of the instrument, the tumors were found to have descended, that of the left side being much the larger of the two, and her best efforts failed to return it; the right one went back without any difficulty. Dr. McDermott was called in. I saw the case shortly after in consultation. The tumor was found to be about the size of a duck's egg, slightly sensitive only, and quite soft. Fifteen or twenty minutes were spent in taxis under chloroform without avail, when, no evidence of strangulation being present, the patient's hips were raised, and cold or hot applications, as the patient chose, directed to be kept constantly over the tumor. Internally she got large draughts of strong coffee. No appreciable change having occurred in either the general or local symptoms during the night, Dr. Yandell's opinion was asked on the morning of the 29th. No symptoms of strangulation being present, Dr. Yandell made a short and gentle attempt at taxis, but without avail. The patient being cheerful and without pain, was directed to continue the treatment with the addition of an enema and paregoric, should the latter be needed for sleep. Matters remained comparatively unchanged for the two succeed-

ing days, when the tumor began to increase somewhat in size, and grew sensitive to the touch. Deeming further delay hazardous, I did herniotomy in the presence of the medical gentlemen previously named. I found the sac deeply congested. On being opened, a small quantity of straw-colored fluid escaped. The contents of the sac consisted of two knuckles of intestine, the surfaces of which were covered with lymph. After dividing the stricture, the protruded bowel was thoroughly cleansed and replaced. As the sac showed such slight signs of vitality it was not further disturbed. The upper two thirds of the wound in the superficial tissues were brought together, a drainage-tube introduced through the lower angle up to the femoral ring, and a compress and bandage applied. The antiseptic used was bichloride of mercury 1 to 2000. This dressing remained undisturbed until the fourth day, when upon its removal the upper two thirds of the wound were found well united. Considerable discharge had passed through and around the tube, and the sloughy sac protruded through the opening. On the seventh day this came away. There was no peritonitis, and the patient's temperature at no time reached 100° F. A voluntary action of the bowels occurred on the fifth day. The entire wound healed in four weeks, when the patient left the bed. She neglected to wear a truss, and in two weeks after the hernia recurred. The patient was able to return it without difficulty, however, and she now keeps it in place without difficulty by a truss.

In the modern, or direct, operation for the radical cure of hernia, the following methods are now employed: (1) The sac having been exposed by a free incision the contents are reduced, and the neck of the sac is included in a ligature, with or without previous opening of the sac. (2) After ligating its neck, the remainder of the sac is isolated and cut away, or simply divided. (3) The sac, previously isolated from the cord, is twisted, when its neck is embraced in a ligature.

In all these procedures the freshened edges of the ring are approximated by sutures, which are allowed to remain, and

consist of animal material, silk, or silver wire. In this connection it is interesting to note, that uniting the pillars of the ring was first done by Prof. S. D. Gross in 1861, as we learn from his System of Surgery, fifth edition, p. 579. The other steps of the operation, namely, ligature of the neck of the sac and extirpation of its fundus, originated in 1876, with Riesel.

Of the many modifications of the operation the latest, perhaps, is that introduced by James Hardie, Esq., Surgeon to the Royal Infirmary, Manchester, England.

Mr. Hardie, having met with some failures in his earlier operations done in the usual way, was led to ascribe this result to the amount of inflammatory material thrown out under such circumstances being insufficient to form a barrier of power capable of resisting the pressure from above. Working on this idea, he thought to improve the results by securing a larger amount of inflammatory exudation, and this he claims to have done by applying the ligature not only around the sac, but around the transversalis fascia as well. He does not consider it necessary to surround this fascia with anatomical precision, but merely aims to embrace in the ligature a considerable thickness of tissue. After opening the sac he endeavors to take up every thing below the intercolumnar fascia. By operating in this manner Mr. Hardie has found that the inflammatory exudation is much more abundant than when the peritoneal sac alone is ligatured, and that the resulting cicatrix is correspondingly more dense. Had I operated in this manner I think I would have secured a much better result in cases one and four, for the procedure strikes me as being really excellent. No doubt, as Mr. Hardie himself says, the inclusion of so much tissue in the ligature of the neck of the sac renders the operation more severe than when the peritoneum alone is ligatured, but it still does not make the operation a serious one.*

Mr. Southam, also of Manchester, writes, in the journal I have just quoted, on his method of utilizing the omentum in direct herniotomy. The procedure recommended by Mr. Southam,

*Medical Chronicle, Manchester, England, June, 1885.

and which he has adopted in a small number of cases, consists in separating and dissecting up, after it has been reached, the entire sac (still containing the omentum) as far up as its neck, then transfixing the neck of the sac and the pedicle of the omentum together, as high up as possible, by a strong double catgut ligature. The structures are tied in halves; another ligature may be thrown around the neck of the sac if thought desirable. The sac and omentum are now removed on the distal side of the ligature, the external wound closed, etc. I hardly need remark that the method is specially applicable to femoral hernia, the omentum being of little use in inguinal hernia for the end in view. Mr. Southam states its advantages to be:

"1. The crural canal is left plugged with omentum, which can not slip away, and serves as a barrier to the descent of the bowel.

"2. By transfixing the neck of the sac and the pedicle of omentum, a certain amount of inflammatory action is insured whereby exudation of lymph between the structures occurs, which tends to consolidate and strengthen the barrier that is formed.

"3. By transfixing the pedicle of the omentum and tying it in two halves it is firmly secured at the neck of the sac, and there is therefore no chance of the ligature slipping, an accident which may be followed by troublesome hemorrhage."

As to the advisability of the direct method in cases of strangulation there can be no question. The advantages being, (1) The sac and hernial orifices are closed and the contents can not descend during the healing process, as may happen when they are open, and serious inconvenience result from descent during coughing and vomiting. (2) The peritoneal cavity being closed, no blood can get into it from hemorrhage that might occur after the operation, nor can peritoneal fluid trickle into the wound. (3) The patient stands the chance of a radical cure without any additional risk. In non-strangulated hernia the operation, I think, is advisable where irreducible omentum renders a hernia incapable of support, and when the great size of a hernia makes support by a truss impossible.

Louisville, Ky.

REPORT ON GENERAL SURGERY.*

BY J. M. MATHEWS, M. D.
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Before beginning my report I desire to say that since our last meeting the Nestor of American Surgery has passed away. The mind that was ever active and did so much to advance our knowledge in this great work is now at rest. The hand that executed his will lies motionless by his side. Surely his good deeds live after him. He loved this Society as 't were his children, and we honored and revered him as our father. Samuel D. Gross is no more. Peace to his ashes.

The object of my report shall be to mention, in the main, only those operations in surgery which have been advanced; hence I shall not deem it necessary to take up your valuable time in describing methods, but rather the results.

The scope of a report upon general surgery is so great that I shall confine my remarks to those operations of recent attempt. It is also not the object of your committee to make mention of any operations that belong to special departments, save to consider them in so far as they fall under the domain of general surgery. Nor shall any attempt be made to criticise the work of others. The surgeon who reports his unsuccessful cases is more of a humanitarian, I imagine, than he who reports his successful ones, in that it allows us to correct our mistakes, if mistakes there be. There are many things which go to make successful results in surgery outside of the ability to do operations. If Lister accomplished nothing more than to insure cleanliness in the dressing of wounds by the use of his spray, humanity has much to thank him for and he much to congratulate himself upon. If germs can live in a solution of carbolic acid, it is no reason that Listerism should be deprecated or abused.

*Read before the Kentucky State Medical Society at Crab Orchard, June 25, 1885.

The minor details of surgery are oftentimes of more importance than the operation itself. The ovariotomist who contents himself with the simple extraction of the tumor will be sadly disappointed, while his *confrère*, though less *au fait* with the knife, will carry off the laurels, if he pay the proper attention to the after-treatment of his patient.

Climate, sanitation, hygiene, and the general surroundings of the patient have much to do with the success of operations, and much of the mortality list can be ascribed to the neglect of the same. Our Marine Hospital service has awakened to the truth of this, and we begin to see the good effects of this awakening in the reconstructing and erecting of hospitals after sanitary principles. It should be one of our chief duties to see that the same principle be carried out in the building of hospitals, infirmaries, etc., in civil life.

Hydrochlorate of Cocaine. Since our last meeting there has been given to the surgical world a boon, second only in importance to the discovery of chloroform, viz., the hydrochlorate of cocaine, the discoverer of its anesthetic property being Dr. C. Koller, of Vienna. It has a wide range in surgical practice, especially so in the diseases of the eye, ear, nose, mouth, and throat, and in gynecological practice. Its chief effect is upon the mucous membrane. To have any effect upon the skin or deeper tissues it must be injected into them or applied through wounds. Its physiological action seems to be the paralyzation of the sensory nerves, and, it may be, the posterior columns of the spinal cord. Knapp says it abolishes reflex irritation, and that it has no cumulative effect, and exerts no bad influence on the nutrition of the parts subjected to its action. When applied to the mucous membrane, its anesthetic effect is short-lived, and requires frequent reapplications. A four-per-cent solution of the salt is the one generally used. It is best, however, for the operator to prepare the solution desired. A question of moment is: Does the application of the anesthetic prevent or lessen repair? In some operations performed by myself I have imagined that it did, to a degree, interfere with the process of repair. All oper-

ations upon the eye, save, perhaps, enucleation, have been done under its influence. For operations in the larynx and pharynx it has been found useful. In diseases of the genito-urinary organs its use is of great importance; strictures of the urethra are divided under its influence without pain or shock. It is also recommended in cases of vaginismus, and chronic cystitis is said to yield to an injection of a third of a grain into the bladder. An irritable prostate is quieted by an application of it. Operations upon the cervix are successfully done without pain by its use.

I have divided fissures of the anus by applying it for the space of ten minutes. It is claimed that many operations of minor surgery can be done by its aid, as, for instance, the removal of fatty tumors. In such cases the remedy must be injected, in strength say fifteen drops of the four-per-cent solution. I find that under this injection abscesses can be opened and polyps removed. However, where a large amount of skin has to be cut through, I have found the local application of rhigolene by spray equal, if not superior, to cocaine. I have also had good results in the application of hydrate chloral and camphor, equal parts, as a local anesthetic in similar cases. In rectal diseases cocaine is not a success.

General Etherization. It is not necessary for me to go into any detail of the advantages or disadvantages of any one general anesthetic over the others. Statistics are so very uncertain, and compiled under such varied conditions, that a judgment can hardly be based upon them. There are those who advocate the use of chloroform to the exclusion of all other anesthetics, while others, with the same vehemence, advocate the use of ether alone, or the A. C. E. mixture, or proportions to suit themselves.

It is useless to speak of the fatality of any of the preparations, for the reason that each man's experience is simply an individual one, and death has been known to follow the use of each or all the anesthetics. It is hardly an argument *pro* or *con*, as the circumstances that caused the death in the use of

one might also have occurred with the other. It is safe to say that in Europe ether is preferred, while in America chloroform is principally used. For my own part I use chloroform almost exclusively. I can do no better than quote the opinion of Mr. Tait, who, after performing one thousand abdominal sections, says, upon the authority of this varied experience, that a mixture of ten parts of ether and one of chloroform, given by means of Clover's apparatus, is the best. He claims that its action is rapid, and the sickness afterward is far less than with any thing else. That it does not produce bronchitis nor arrest the secretion as ether does.

In this connection it may be well to mention that rectal etherization has not met with the success that had been anticipated. It has but few advocates, and but little can be said in its favor.

Antiseptic Surgery. Upon no subject in surgery is there so wide a difference of opinion as the value of antiseptics. The Listerian method has been handled "without gloves," and although the attacking party has succeeded in routing it from the hospitals, etc., they find dissension in their own ranks as to what to substitute. The most prominent antiseptics in use are, viz., Bichloride of mercury, iodoform, hydrate of chloral, subnitrate of bismuth, turf dressing, boracic acid, eucalyptus oil, aseptol, naphthalin, listerine, etc. In hospital practice bichloride of mercury perhaps heads the list. It is employed in all the great operations. The strength of the solutions is any where from one part of the agent to one thousand or five thousand parts of water. The question to be determined is, in what dilution can bacteric life exist. Koch decides that the spores are destroyed in a solution of one to twenty thousand parts; while others contend that they have detected them in much stronger solutions.

Iodoform finds its greatest advocate in Billroth. Indeed, the German surgeons seem agreed upon this agent as the antiseptic par excellence. The most important question in its use is, can it be absorbed in sufficient quantity to produce poisonous effects? Several years ago I detailed my experience with the

use of this drug to this Society. I then mentioned that I believed the fears of the profession in regard to its use were not well founded, citing instances where I had used it in large quantities in the rectum in cases of ulceration, cancer, etc. The packing of large wounds, as after resection of joints, etc., may not be advisable, yet it is practiced by some surgeons, notably Billroth. All in all, it may be regarded as one of the best antiseptics.

Turf Dressing. There are a few advocates of turf as a surgical dressing. It is said that its discovery was accidental, yet its application would seem to be theoretically appropriate. Healing under a scab is regarded as one of the best modes in the healing of wounds, and it is upon this principle that many syphilitics resort to the mud bath of Hot Springs. Turf is both an absorbent and antiseptic. A preparation of mineral earth, to be used for this purpose, is put up by the Natural Pharmacy Association of Baltimore.

Naphthalin. It is claimed for this agent that its power in preventing decomposition of organic fluids is remarkable, and that the appearance of bacteria and micrococci can be prevented in pus by the addition of a small quantity of it.

Listerine. Among the very best and safest antiseptics is listerine. The more I use it the better I am pleased with it, especially so in large suppurating wounds. In such, many of the other antiseptics are dangerous, but listerine is free from danger and meets the indications as well. It is a mild stimulant, a safe antiseptic, and free from any offensive odor. I will not take time to discuss the other antiseptics.

A question of great moment to the surgeon is, can he, while attending cases of pyemia, erysipelas, etc., by the use of disinfectants, prevent the contagion that is said to be communicable? Without stopping to discuss any theory in regard to contagion under these circumstances, I desire to quote the views of Prof. Volkmann, as expressed in a letter to Dr. George F. French, of Minneapolis. He says, "A surgeon who disinfects himself well can immediately after making a post-mortem undertake any

operation known to surgery." This is a strong saying of the eminent German, and very hard to believe.

Abdominal Surgery. It is a fact to be deplored that the results of laparotomy, in this country at least, have been very unfavorable. Mr. Lawson Tait may have underrated our ability as surgeons when he said that the poor results we attain were due to the fact that too many men engaged in the work, but the fact of an unsuccessful result remains.

It is not my intention to speak of the operation under the spray, or without it, nor to speak of the merits or demerits of any special operation, but to deal in a general way with laparotomy.

The old German idea was that it was unjustifiable to cut into the abdominal cavity to take out a diseased ovary, for the reason that the organism would not tolerate such interference, and Prof. D. W. Yandell, in a discussion before this Society last year upon the subject of gun-shot wounds of the abdomen, said that five out six men shot in this manner would die, despite any or every aid, three of hemorrhage, one of peritonitis and one of septicemia. With these two statements before us it might well be asked is laparotomy justifiable in these cases.

The remarkable success attending abdominal section by Mr. Tait, as borne out by his report of one thousand cases, emboldens us in the view that the abdomen can be opened with much less risk than was formerly supposed. Hence it is that the operation is being advised for gun-shot wounds of the abdomen. The first successful operation of the kind was performed by Kocher, of Berne, and the second on record, being the first in America, was done by Dr. W. T. Bull, of New York. The report of his case says, "A man shot in the abdomen by a bullet from a revolver—caliber, No. 32—was admitted into the Chambers-street Hospital and seen by Dr. Bull twelve hours after. The wound was an inch and a half below the navel and an inch and a half to the left of the median line. Upon cutting through the abdominal wall the gut presented and *seven* perforations were found. These were all closed by silk sutures. The bullet was

found lodged in the sigmoid flexure. The wound in the abdomen was closed, after cleansing with a solution of carbolic acid." The success was perfect. Men eminent in surgery say that laparotomy is urgently indicated in any case of perforation of the stomach or intestines, due either to direct or indirect violence, and that peritonitis should not stand in the way. Others will agree with Dr. Yandell. Under the head of abdominal surgery I should mention pylorectomy. Pean, in 1879, performed it for the relief of pyloric disease. Up to date there are eighty-five recorded cases. In "stenosis of the pylorus," the operation is considered warrantable, and has been performed with success.

Surgery of the Kidneys. Certain operations for the relief of kidney affections are now regarded as justifiable, and are attended with success, viz., nephrotomy, nephro-lithotomy and nephrectomy. The greatest trouble in cases requiring such operations, as for instance renal calculus, is to be sure that it exists. All the typical symptoms may exist without the presence of the stone. The diagnosis is the most difficult part. Nothing is definite except exploratory incisions. Under what conditions this procedure is warrantable must be decided by the surgeon. It is certain that by its detection and removal the most absolute and perfect relief is given.

Thoraco-Plastic Operation of Estlander. One of the most interesting diseases falling under the surgeon's care is empyema, the relief of which—I refer to the chronic form of the disease—is so very unsatisfactory. An operation is proposed by Estlander for the eradication of the sequelæ of the disease, viz., the obliteration of the suppurating cavity and the occlusion of the pleural fistula. It is the common custom of surgeons to treat empyema by the free incision and drainage and a free washing out of the cavity, together with disinfection.

The results of such treatment are, in the main, satisfactory, in that fifty per cent have recovered. But seventeen per cent are followed by permanent fistulæ. Estlander's operation is intended to overcome this latter percentage. The indication for the operation is when the fistula has existed several months and resisted

ordinary treatment; the contra-indications are the existence of tuberculosis, albuminuria, or great emaciation. If the latter exists without the former, I do not know that it should stand in the way of an operation. Large fistulous tracts around the rectum have been freely laid open by me in the emaciated subject, and the stoppage of drainage was of material advantage to the patient. As many as six ribs have been removed during the operation, but it is usual to remove two or three only, and this is accomplished by one incision. The details of the operation are very simple. The most favorable position is upon the lateral portion of the thorax, in the axillary line, the intercostal spaces being covered by the serrations of the *serratus magnus*. The length of the incision and portions of ribs removed depend upon the size of the cavity in the horizontal direction. The first and second and eleventh and twelfth ribs are always left intact.

For many statements contained in this paper I am indebted to the authors of the operations, who have been kind enough to answer questions and help me to arrive at satisfactory conclusions. In other instances the detailing of cases, by men who have performed the operations, has helped me materially. If nothing new has been added to our surgical knowledge by this report, if I have succeeded, at least, in drawing your attention to those operations concerning which there has been much difference of opinion, and if by doing so I have aided some little in their elucidation, I feel satisfied.

LOUISVILLE, KY.

CASE OF OBSTINATE HICCOUGH RELIEVED BY NITRO-GLYCERINE.

BY O. T. SCHULTZ, M. D.

A miller, aged fifty-eight, anemic, affected with fibroid phthisis, had passed, during February and March last, through an acute exacerbation of the lung trouble, and at this time, while at his lowest, had had several very violent attacks of angina pectoris, brought on apparently by the severity of the cough; these attacks had been rapidly relieved by morphine.

At the present time the cough is not very troublesome; he has, however, a very severe paroxysm every morning at 3 or 4 o'clock, the violence of which depends upon an accidental cold, and on the time he has spent at the mill; he is weak, badly nourished, troubled with hepatic torpor and chronic gastric catarrh; his temperature is normal, his pulse habitually 100.

During the excessive heat of the last weeks of July hiccough set in. This continued with moderate severity for three days before my advice was sought. Chloroform administered internally gave temporary relief, but at the end of two days the seizures had increased in number and severity and were attended by occasional dyspneic attacks. Morphine, gr. 1-4, with atropine, 1-60, reinforced by a hypodermic injection of morphine, gr. ss., at night, relieved only while the narcotic action was at its height, and gave rise to a condition resembling alcoholic intoxication, to sleeplessness, and to an increase of the chronic gastric catarrh. On the sixth day strychnine was given, and the morphine limited to an injection of gr. ss., at bedtime. By the eighth day, there being no improvement, electricity was added. Galvanization of the phrenics in the neck and of the epigastric region gave no relief. A heavy induced current to the epigastrium and along the costal attachment of the diaphragm broke up the spasms after five minutes, and there was complete absence of hiccough for one half hour after each sitting, the attacks being less violent and less long in the interval

between the *seances*. Improvement, however, did not last long. On the ninth day potassium bromid., gr. xxx, and strychnine, gr. 1-80, were given every third hour. Only very transient relief was afforded by this combination, the hiccough being not quite so severe for a short time after the prescription had been taken. The next night was almost one constant hiccough, and on the morning of the tenth day the induced current failed to interrupt the attacks.

The patient's condition had now become very critical. There was only very rarely a cessation of the spasms day and night. The appetite had improved since stopping the morphine, but the food taken was ejected as soon as it was swallowed. There was exquisite tenderness along the line of attachment of the diaphragm, and soreness and burning in the whole chest. When he coughed, long and distressing spasms of the thoracic respiratory muscles would set in. He was worn out and entirely despondent. The temperature was normal and the pulse 100. The bowels were kept freely open with calomel, senna, and salts.

Thinking that the causes which had given rise to the former attacks of angina pectoris might be identical with those which originated and kept up the present singultus, and knowing what an excellent remedy nitro-glycerine is for the former form of spasm, I concluded to try this drug in the case. One drop of a one-per-cent solution was given at 8 A. M. of the tenth day, and repeated at 9 A. M. A moderate degree of bursting headache set in immediately on swallowing the dose, the hiccough became easier and rarer, and by 9:30 o'clock had ceased entirely. The medicine was continued every two hours. At 2 P. M., after drinking a glass of iced milk, the spasms again appeared, but yielded quickly to a new dose. During the afternoon and the night there was only an occasional hiccough, but on the eleventh day a short attack appeared at 2 and 6 P. M. The medicine was steadily continued. The spasmodic movements now ceased entirely. On the twelfth day an occasional dose of the nitro-glycerine was exhibited, and a tonic of iron, muriatic acid, quinine, and nux vomica begun; on the next day the former was dropped entirely.

MT. VERNON, IND.

Reviews.

A Practical Treatise on Urinary and Renal Diseases, including Urinary Deposits. Illustrated by numerous cases and engravings. By WILLIAM ROBERTS, M. D., F. R. S., Fellow of the Royal College of Physicians, London, Professor of Medicine at the Victoria University, etc. Assisted by ROBERT MAGUIRE, M. D., London, M. R. C. P., Lond., etc. Fourth edition. 8vo, pp. 628. Philadelphia: Lea Brothers & Co. 1885.

A new edition of this most practical of all treatises upon the urinary and renal diseases has been for years much needed and patiently awaited by the practitioner. It can not be said that, since the issue of the third edition, any considerable advance has been made in the pathology and therapeutics of renal affections; but means of diagnosis through the chemical and microscopic investigation of the urine have multiplied. The medical journals have published much new material relative to these points, good, bad, and indifferent, and it was necessary, before it could be of use to the busy doctor, that the chaff be separated from the wheat by some experienced hand.

Dr. Roberts does this work in a manner which bears testimony to his accurate methods of study and rare common sense, demonstrating the value of a few of the new tests, manipulations, and observations, and discounting many of the much-vaunted candidates for favor. He states that heat properly applied is the most delicate of all tests for albumen in the urine, and that this, when confirmed or checked by the nitric-acid test, is sufficient, not only for average cases, but for the detection of the faintest trace of albumen in any specimen of urine; while the nitric-acid test is competent to make the important differentiation between a trace of albumen and mucin.

In making this very simple, practical, and, to the working physician, important generalization, the author repudiates as impracticable or inadequate in urinary study the whole train of

albumen tests, as advocated by recent writers, such as picric acid, meta-phosphoric acid, sodium tungstate, potassio-mercuric iodide, and even his own solution of brine.

The articles on albuminuria and micro-organisms in the urine have been almost entirely re-written. In the latter chapter the student will find some very interesting observations relative to the appearance in the urine of several species of microbe other than the familiar bacterium termo. One of these, the micrococcus ureæ, seems to be of high pathological significance.

In the chapter on entozoa of the kidneys will be found incorporated the observations of Bancroft, Mason, and Dr. Stephen McKenzie on the filaria sanguinis as a cause of chyluria.

The work as now revised is abreast at almost every point with the knowledge of the day, and is more fully than ever adapted to the needs of the practitioner.

Anatomy, Physiology, and Hygiene: A Manual for the Use of Schools, Colleges, and General Readers. By JEROME WALKER, M. D., Lecturer on Anatomy, Physiology, and Hygiene in the Central School, Brooklyn, and on Diseases of Children in the Long Island College Hospital, etc. New York: A. Lorill & Co., No. 16 Astor Place. 1884.

To the medical man who reflects that his knowledge of these subjects was had at the expense of big volumes, many lectures, and long study, a little book with the above imposing title is a curiosity and usually a source of amusement. But while it must be held that no scientific unfolding of these great subjects can be accomplished by such *multum-in-parvo* attempts at book-making, it will be allowed that the children of our schools had better be well taught a few facts and principles relative to their personal anatomy and physiology, and the hygiene of their surroundings, than to grow up, as most of them do, in utter ignorance of these branches of knowledge.

It is therefore pleasant to note that the author, who is himself

a practical physician, has not allowed the greatness of his subject to overbalance his work, and that in framing it he has provided a means by which a few valuable fundamental principles and truths may be mastered by the young pupil to his good in after years.

What facts in anatomy and physiology the work essays to teach are essential, and in every case the author shows the application of physiological principles to hygienic ends.

This is an improvement upon the many smattering treatises of its class which deserves especial commendation.

Hay-Fever, and its Successful Treatment by Superficial Organic Alteration of the Nasal Mucous Membrane. An essay read before the Philadelphia Laryngological Society, April 24, 1885, by CHARLES E. SAJOUS, M. D., Instrúctor of Rhinology and Laryngology in the Post-Graduate and Spring Courses, Jefferson Medical College, etc. Illustrated with thirteen wood engravings. 12mo, pp. 103. Philadelphia: F. A. Davis, Attorney, publisher. 1885.

The presentation of this admirable essay to the profession marked an epoch in nasal medicine, and made a sensation in general practice, since it represented the culmination of a series of important investigations relative to the cause and treatment of hay-fever, and proved the curability of this hitherto intractable disease.

With due credit to Elliotson, Beard, Morrill McKenzie, Daly, Roe, J. N. McKenzie, Hack, Allen, and others whose studies have all contributed to the unriddling of the question, the author gives his theory of the causation of hay-fever as follows:

"Three conditions are essential factors in the production of an access of hay-fever: Firstly, *an external irritant;* secondly, *a predispostion on the part of the system to become influenced by this irritant;* and, thirdly, *a vulnerable or sensitive area through which the system becomes influenced by the irritant.*"

This brings into harmony all the previously existing tenable

views of hay-fever etiology, and is free of the fallacies presented by any one of these views when taken by itself.

In short, under this view, hay-fever is a series of reflex disturbances manifested in the respiratory tract, and occasioned by the action of irritants upon certain hyper-sensitive areas situate in the mucous membrane lining the nasal walls of persons predisposed to the disease. The irritant may be dust or gaseous emanations from the outer world, or morbid materials within the nasal cavity.

This theory being admitted, and it seems to be proved conclusively, all that the hay-fever sufferer has to do is to render inoperative one of the factors named. He may flee to the mountains before the offensive dust arises, or have the surgeon to free his nasal cavity from hypertrophic tissue and hardened mucous, or destroy by means of acids or the galvano-cautery the sensative areas in the mucous membrane. The author quotes numerous cases to prove the effectiveness of his mode of treatment, which he claims will be always successful if done with sufficient thoroughness. Evidence from other sources of the truth of the above theory and conclusions is not wanting.

One Hundred Years of Publishing, 1785-1885. Philadelphia: Lea Brothers & Co. 8vo, pp. 20, cloth.

This is an elegantly executed souvenir of the fact that this famous house "awakes on the morn of its hundredth year" to find itself the better for a century's brushing. No physician who reads the account of the early struggles of Mathew Cary in laying the foundations of the establishment, and considers the singleness of purpose, energy, probity, and ability which have characterized his famous descendants, will fail to see the secret of its splendid success; nor will he fail to own that it is to the labors of the Leas and their business associates that American medical literature owes much of its present excellence, influence, and vast proportions.

Clinic of the Month.

CONFINEMENT WITH COMPLICATIONS.—On the evening of August 22, 1884, Mrs. K. C., primipara, age twenty-three, of good family, was taken in labor at term. There had been slight irregular pains at frequent intervals during the preceding forty-eight hours. Examination showed the membranes ruptured, the waters escaped, cervix but slightly dilated, thick, and firm, perineum rigid and extending far forward, vagina small, with difficulty admitting two fingers, and, so far as could be made out, vertex presenting. During the next ten hours the pains were regular and strong. Chloral was given, and by means of such digital assistance as I could render through the narrow vagina, the cervix was dilated to a diameter of less than an inch. There was but a remote prospect of terminating the labor naturally.

Dr. Rushmore was called in consultation. Two courses presented themselves: First, to apply the forceps and proceed to deliver, letting the consequences, which obviously would not be trifling, take care of themselves; secondly, delay, in hope of partial relaxation of the structures involved. The latter course, with some misgivings, was decided on.

During the next four hours the cervix was considerably dilated and there was partial descent of the head. There was some obscurity caused by the overlapping of the bones, and a recession occurring after each pain indicated that the cord was probably around the neck of the child. This proved to be the case, as it was found on delivery wound twice around the neck. Further delay seemed unwarrantable. Dr. Rushmore having left town, Dr. F. H. Colton was called in, to whom I am indebted for valuable services rendered. Chloroform was given, and the forceps applied. All the manipulations were conducted with the greatest care, hoping to mitigate, if possible, disaster that seemed inevitable. The occiput was found posteriorly, and, in spite of the utmost caution, a rent appeared midway between the vulva

and the anus. In the further progress of delivery, complete rupture of the perineum occurred, involving the sphincter ani and about an inch upward of the recto-vaginal septum.

The child weighed about six pounds; and notwithstanding the fact that the cranial bones on the left side were crushed to a pulp, he is still living and thriving.

The third stage was easily terminated, the placenta having been dragged down in delivery.

The parts were thoroughly cleansed, some dark and congested shreds of torn mucous membrane snipped off, the parts coaptated and united with three deep twisted silver-wire sutures, the posterior one fairly closing the rent in the recto-vaginal septum.

The patient was put upon a generous diet, chiefly liquid; the vagina syringed twice a day with a solution of bichloride of mercury 1 to 1500; the urine drawn with the catheter, and the bowels moved by an enema daily, with a single exception. The knees were not tied together, and the patient's movements were restricted only so far as motion was likely to produce discomfort.

The sutures were removed on the fourteenth day. The progress of the case was most gratifying. At no time did the temperature rise one degree. The union was complete and satisfactory in every particular. Not having any milk, Mrs. C. did not nurse the child, and menstruation was resumed four weeks after confinement.

There are several points for review in connection with this case:

1. Should delivery have been made earlier? Admitting that so doing would have saved the woman some hours of suffering, it is by no means certain that by early delivery the mother would have escaped without more serious and perhaps permanent damage to the rigid structures than eventually did occur. By delay some dilatation did occur; there was at least partial relaxation of the parts, and the head of the child was so molded that its life was probably saved thereby.

2. When rupture of the perineum was unavoidable, and actually had begun at the central point, would incision have been preferable to the uncertainties of the continuance of laceration? Doubtless, in general, incision might be perferable, giving the operator a discretion as to the direction, if not the extent, of the severance of the tissues, with usually a better prospect of rapid healing. In this instance, the parts healed as promptly as could be desired, which, however, is no argument respecting the proper course to be generally pursued.

3. I am of the opinion that, in this case, much credit is due to the use of the bichloride. It is exceedingly difficult, if not impossible, to decide in any given case just what good or ill effects may be due to the particular antiseptic used. It is only by comparing many series of cases, under varying conditions, that any just conclusion can be reached. Prevailing fashion has not a little to do with our preferences. Carbolic acid, which I formerly used with strict faithfulness, has at least one serious drawback, that is, its odor, which so generally gives the lying-in room the sickening and offensive atmosphere of a hospital. As regards its actual value, the profession are by no means unanimous at this time.

4. Why should the knees of the patient be tied together after the operation for restoring the perineum? Observation shows that a wide latitude of motion of the limbs is permissible without undue tension upon the perineum. In the great majority of women, the knees may be widely separated, and one or both moved backward or forward, without producing strain upon the perineal structures sufficient to endanger the deep sutures. As regards superficial sutures sometimes employed, I can not see that they are called for in any ordinary case. It sometimes happens that unruly patients rise from bed soon after perineal operations, and move about freely and even violently, and yet it is rarely the case that the ununited parts are seriously interfered with—seldom, indeed, that the sutures are torn out, or the parts put enough upon the strain to do any considerable damage. The one objection to tying the knees together when it can be

avoided is that the enforced restraint almost invariably makes the patient exceedingly nervous. It is usually sufficient to direct the patient to move, when desirable, with great caution.

5. The practice of confining the bowels for a week or more by the use of opium seems to me to be unwise. In the first place, the attempt is not always successful, and an untimely evacuation of solid feces may tear out the sutures, and separate the coaptated parts. In the next place, when the bowels are purposely moved after enforced constipation, there is usually cause for anxiety, lest the hardened feces shall sever the recently united tissues. This danger is by no means wholly imaginary. Agnew, "Laceration of the Female Perineum," p. 39, says: "It may happen that the rectum becomes impacted with a large fecal mass, the expulsion of which would certainly tear asunder the tender line of union;" and he then goes on to give specific directions, not easy to practice, however, for breaking up and getting rid of the accumulation. It is undoubtedly far better to avoid such possible casualty by keeping the bowels in a soluble condition by means of liquid diet and suitable injections.

Though not strictly germane to this subject, I can not forbear referring, in this connection, to statements recently made in some published articles, and in society discussions, *apropos* of methods of supporting the perineum. "Supporting the perineum" is a formidable term for expressing the work of the accoucheur in directing the presenting part of the child during delivery. There must be room for the child to pass; if the tissue is sufficiently distensible, it stretches; if not, it is torn. The injunction to deliver "in the absence of a pain," is as confidently repeated as though such a thing were easy or common. Still more astonishing is the statement of several physicians who have had presumably a large obstetrical experience, that they have never used the forceps but two or three times, and they have *never* had a case of ruptured perineum. It need only be said that such have either been most singularly and unaccountably fortunate, or, what is more probable, that they have failed to examine their patients after confinement. It is worthy

of notice that such remarkable exemption from the serious phases and complications of obstetrical practice, never seems to occur to the more intelligent and skillful members of the profession. (Benjamin Edson, M. D., in the American Journal of Obstetrics, August, 1885.)

DISINFECTION.—It matters little practically whether a given agent kills the germs or so modifies the conditions around them as to render them harmless, as antiseptics appear to do even when not in sufficient proportion to be germicides.

Antiseptic dressings to wounds and injuries, whether acting as true disinfectants or germicides, or merely as systematic forms of scrupulous cleanliness, have done so much to reduce mortality and mitigate suffering that their value can hardly be disputed.

Again, in the treatment of all forms of filth and uncleanliness in communities or districts where the authorities have not the power or means to prevent or remove the accumulations, antiseptics, by preventing or arresting the chemical processes which precede and accompany the biological processes, serve to limit and control the spread of infection which would occur without them, and thus they become true disinfectants, though in the proportions used they may not be germicide, or by preceding the germs may have none to kill.

A very large number of chemical substances appear to be actively disinfectant in this sense. Selections from them are generally made for such uses in proportion to their activity and low cost, and thousands of experiments are on record attesting their efficacy and comparative value. If any of these antiseptic substances or anti-ferments be added to filth in proportion sufficient to prevent or arrest the septic processes or fermentations until the filth dries up, or is washed away, it serves the purpose of a true disinfectant, though it may not kill a single germ among the millions, dry germs being harmless and being destroyed in vast numbers by natural causes.

In this kind of disinfection the chlorides and nitrates appear

by long experience to be most effective. The time when chloride of sodium was first used as an antiseptic is probably prehistoric, and the same may be said of some organic substances of the aromatic series. The antiseptic and disinfectant properties of smoke are probably almost as old, although the same agency has been investigated only within the past twenty years in the phenols or carbolic-acid class of substances.

As infection is a very delicate, sensitive process, partaking much of the nature of a fermentation in being almost as easily prevented and arrested, so the substances which prevent or arrest it are very numerous, and usually effective in small proportions under definite conditions. It is like fermentation also, in that it appears to be caused by matter in a state of internal tension, which, under favorable conditions, enters into molecular commotion and change, multiplying itself and splitting matter around it into new forms which did not before exist. Hence it happens that two distinct classes of substances are applicable in treating it. And here, again, the one class destroys the infecting substance, while the other class so modifies the material to be infected that it is no longer susceptible to infection, and the result is practically disinfection in both cases or in two ways.

If infective matter is to be destroyed—whether it be in its quiescent state of readiness to infect, or in its active state of multiplication and extension—it is found to be most sensitive to agents which like itself are in a state of tension and proneness to split up. For example, all chlorides are disinfectant, but those which in reacting with organic matters are reduced from a state of tension to a state of equilibrium or rest appear to be most active. It seems probable that mercuric chloride in reacting with infectious material is reduced to mercurous chloride, both the free chlorine and the reduced salt entering into new combinations with the infection. Hypochlorites of calcium and sodium, and all other hypochlorites, are in a state of tension, and prone to split into chlorides and free or available chlorine. But it is doubtful whether this available chlorine is ever really free. It is merely freed from one base in the act of combining with

another, exerting its maximum power in the process of changing bases. Chlorides of iron and zinc are both excellent disinfectants, and both when in dilute solution are ready to split into basic and acid combinations in the presence of organic matters with which they unite. Ferric chloride is especially prone to split in the presence of dilute solutions of organic matter. The effect of this chloride in small proportion upon sewage water is most remarkable, disinfecting and deodorizing it very completely, and leaving neither its iron nor its chlorine in the liquid unless used in excess. This remarkable effect was noticed many years ago by Dr. B. F. Craig, of the U. S. Army, upon the turbid waters of the Mississippi River, a few drops of a moderately strong solution being sufficient to clear a gallon of the water without leaving in it any greater proportion of either chlorine or iron. That is, both elements of the split went down with the precipitate caused or facilitated by the new combinations.

There are two distinct methods of disinfection which should be applied together, but which are still entitled to be considered separately, because they may be, and often have to be practiced separately, especially when epidemic forms of infection are to be prevented or combated. The one method is to destroy the infection, and the other is to change its pabulum from a condition of susceptibility to one of insusceptibility, wherein infection becomes more or less inoperative and harmless. The ideal normal condition of health does not admit of infection in any form, and therefore as the natural laws of health are obeyed or broken, infection will be less or more common, and less or more virulent. (Squibb's Ephemeris, Vol. ii, No. 10.)

The Relations of Scarlatina and Diphtheria.—The affinity of one infectious disease to others is a subject of much interest which deserves more study than has been given to it by our epidemiologists. The relations of scarlatina to diphtheria appear especially to be worthy of investigation. In a recent report to the Local Government Board by Mr. R. D. R. Sweeting, the following striking phenomena in outbreaks of scarlatina

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and diphtheria at Normanton are all too briefly recorded: (1) The co-existence of scarlet fever and diphtheria in the same subject; (2) cases of undoubted scarlet fever with transient but typical diphtheritic patches on the tonsils; (3) diphtheria following scarlet fever in the same subject, and *vice versa*, but more usually the former; (4) the two diseases following each other in the same house in different members; (5) different members being attacked coincidently, some with one, and others with the other disease. It would be interesting to have further clinical details as to these cases. (British Medical Journal.)

Sublingual Epithelioma.—At the April meeting of the Academy of Medicine in Ireland (Pathological Section), Mr. Kendal Franks exhibited a tumor, excised in the Adelaide Hospital on the 5th day of March, from a man, aged forty years. The tumor, which was an epithelioma, was first noticed as a small sore, at the root of the frenum linguæ, toward the end of last October. By the end of December it had extended downward, so as to cause a hard lump beneath the chin, and in January the skin over it became involved. About the middle of January it had extended to the gum, in front of the symphysis menti. The lower incisor teeth loosened and became very tender. The man, when admitted, was suffering acute pain in the jaw and teeth, and neuralgic pains all over the head. He had lost sleep and flesh, and urgently requested an operation to relieve him. Accordingly, on the 5th day of March, Mr. Kendal Franks excised the growth, and with it the involved skin, the middle portion of the lower jaw, from the facial groove, on one side, to a corresponding point on the other, and the entire tongue, involving all its attachments, down to the hyoid bone. The patient made an uninterrupted recovery, and left the hospital on the 14th of April, the wound nearly healed, and without any appearance, so far, of a return of the disease. There were no glands involved. The tumor, which was the size of an ordinary orange, presented on section a dense white structure, which the microscope showed to be an epithelioma. It sent fan-shaped processes upward

into the tongue, none of which, however, reached the surface. In front it had completely eroded the central portion of the lower jaw, so that the two sides were freely movable. Mr. Franks drew attention to the rapid growth of the disease, to the unusual direction in which it had extended, and to the great relief afforded by operation, though he scarcely hoped that there would not be a return of the disease later on.

Professor Stokes said the patient was for a considerable time under his care in the Richmond Hospital, and he wished to know what was his actual condition at present, and if there were any evidences of a return of the disease? He (Professor Stokes) declined to operate in the case for several reasons. The skin and the tongue were extensively engaged, the glands were also invaded, and there was a sublingual tumor; and besides, when the patient was in the Richmond Hospital he did not suffer such extreme pain, and his life was not such a burden to him as Mr. Franks had described. The tumor was also slow-growing, and did not show much evidence of increasing. It was interesting to learn that the operation had been successful; but the great question, after all, was how far were operations justifiable in such cases, knowing as we did the extreme rapidity with which the disease returned?

Mr. Franks, in reply, said the man's powers of speech were now decidedly bad—worse than they were before the operation. They knew, however, that in cases of excision of the tongue, when the patients lived long enough, they often recovered their powers of speech in a most marvelous manner. But in the case in question the man was better pleased without his tongue than he was before the removal of it. He could not consider the tumor to be slow-growing, when it reached the dimensions it attained between last October and the beginning of last March. The circumstances which led him (Mr. Franks) to operate were these: In the first instance the man came several times to the out-patients' department, there not being room for him in the hospital. He (Mr. Franks) told him that he did not consider his case suitable for an operation, but the man begged to be taken

into the hospital, and to have some operation performed on him that would relieve him of the pain he was suffering. Then he was taken into the hospital, and had no rest or sleep, but lay awake all night. He (Mr. Franks) explained to him that he would either die under the operation, or that the disease would return afterward, and he made the same statement to his wife. She objected to an operation being performed, but the man himself begged for it, as the pain he was suffering was unendurable. His present condition, to a great extent, justified the operation. He was comparatively free from pain, and slept well, and as yet there were no signs of a return of the disease. The only thing that distressed him was his longing for solid food, which he could not take. He (Mr. Franks) was convinced, however, that the disease would return; but if it did, the probability was that the man would die quietly and without suffering. (Dublin Journal of Medical Science.)

Fibroid Degeneration of Both Ovaries.—At a recent meeting of the Obstetrical Society of New York, Dr. Polk presented two ovaries, removed post-mortem, which were the seat of fibroid degeneration. The patient was a nursing woman who, when she entered the hospital, was complaining of general malaise, and wished to wean her child, which she was allowed to do. Examination revealed two abdominal tumors, supposed to be fibroids of the uterus attached by pedicles. Within a week after her admission she complained of weakness in the legs, and a day or two afterward it was noticed that there was some anesthesia of the limbs, and also that the gait was faltering. At the end of about the fourth day after the beginning of the anesthesia, the patient was unable to walk satisfactorily, and went to bed. The history of the case from this time on was simply that of a rapidly ascending paralysis, and the diagnosis rested between that affection and an acute softening of the cord. At the autopsy, Dr. Welch was able, after searching for some time, to find softening of the central gray matter of the cord, most plainly marked at the lumbar enlargement, and disappear-

ing in the dorsal region. The white matter was not involved in the least. The patient had died seven or eight days after the initiatory symptoms of paralysis, which first manifested itself in the feet, and ended in paralysis of the respiratory muscles, producing asphyxia. A positive diagnosis between softening of the cord and acute ascending paralysis was not made until after death, and this was often the case in the history of the two diseases, as clinically they frequently resembled each other very closely. The post-mortem examination also revealed fibroid degeneration of both ovaries, apparently of an interstitial character, both organs having attained a very considerable size. This condition he thought was quite rare. There was no ascites.

Dr. Polk also presented another fibroid tumor of the ovary, which, when it was removed, was of about the size of the gravid uterus at the fifth month. The patient was twenty-five years of age, and, it was evident, had been carrying the tumor for some time, but its growth had been slow, and her attention had not been called to it until ten days before she entered the hospital, when peritonitis developed. It was necessary, in order to remove the tumor, to extend the abdominal incision from near the pubes to half-way between the umbilicus and the ensiform cartilage. There was marked evidence of the last stage of peritonitis. Ascitic fluid was evacuated and the tumor removed, as was also the ovary on the opposite side, which was of the size of an orange and the seat of cystic degeneration. The patient left the hospital perfectly well at the end of six or eight weeks.

Dr. T. A. Emmet inquired whether fibroid tumors occurred in other portions of the body than in the ovaries where there was no muscular tissue.

Dr. Polk said he thought that Schröder maintained that there were a few muscular fibers in the ovaries, but that Virchow thought it a question, in case a fibroid contained muscular fibers, whether it did not spring from the uterus.

Dr. G. T. Harrison thought it a question whether some

tumors removed from the pelvis, supposed to be ovarian, were not originally tumors of the uterus. Some years ago he had reported a case of the kind to the Society, which interested Dr. Peaslee, who said he had seen several such cases. In his own case the post-mortem examination would have led one to suppose that the pelvic tumor was a fibroid of the ovary, but, from the previous history of the patient, it was evident that the growth had originally belonged to the uterus, had become separated from that organ, set up pelvic inflammation, and then become adherent to the ovary.

Dr. Polk remarked that Schröder had also pointed out the difficulty which sometimes existed in deciding whether a fibroma had originally developed from the uterus or from the ovary, but it was evident in the cases of the specimens which he had presented that the tumors had originally belonged to the ovaries. (American Journal of Obstetrics.)

RUPTURE OF MEMBRANES LONG BEFORE LABOR.—On January 4th last, I was called to see Mrs. T., about three months pregnant. She had been working with her hands above her head, and had felt something give way. She had slight frequent pains, and the liquor amnii was coming away freely. As, on examination, the os uteri was found to be in a natural state, she was put to bed, and small doses of morphia were given her. The pains ceased, but the water continued to be discharged.

This went on incessantly till July 9th, when, after a natural and comparatively easy labor, she was delivered of a healthy, well-developed female child. In an experience of over three thousand cases, I have met with no similar occurrence.

During the latter six months of gestation she was in poor health, and suffered much latterly from the movements of the fetus. The nearest approach to the above that I have met with, was one where the membranes gave way also at the end of the third month, and the child was born living at the end of the sixth month. It would be interesting to know the frequency of similar cases. (James Brydon, M. D., in British Med. Journal.)

NEPHRECTOMY; ITS INDICATIONS AND CONTRA-INDICATIONS.—Dr. Samuel W. Gross, in an elaborate paper in the July number of the American Journal of the Medical Sciences, based upon a study of nearly four hundred and fifty cases of different operations on the kidney, presents a careful analysis of all the facts pertaining to the surgery of this organ, and arrives at the following conclusions:

1. That lumbar nephrectomy is a safer operation than abdominal nephrectomy.

2. That primary extirpation of the kidney is indicated, first, in sarcoma of adult subjects; secondly, in benign neoplasms at any age; thirdly, in the early stage of tubercular disease; fourthly, in rupture of the ureter; and lastly, in urethral fistula.

3. That nephrectomy should not be resorted to until after the failure of other measures, first, in subcutaneous laceration of the kidney; secondly, in protrusion of the kidney through a wound in the loin; thirdly, in recent wounds of the kidney or of the ureter, inflicted in the performance of ovariotomy, hysterectomy, or other operations; fourthly, in suppurative lesions; fifthly, in hydronephrosis and cysts; sixthly, in calculus of an otherwise healthy kidney; and finally, in painful floating kidney.

4. That nephrectomy is absolutely contra-indicated, first, in sarcoma of children; secondly, in carcincoma at any age, unless, perhaps, the disease can be diagnosticated and removed at an early stage; and thirdly, in the advanced period of tubercular disease.

A CASE OF URETHROCELE.—A description of the following case (read by Mr. Skene Keith, M. B., C. M., F. R. C. S. E., before the Edinburgh Obstetrical Society, 13th May, 1885) will be of interest, in the first place, because the condition is not described in any book in the English language, with the exception of that of Dr. Skene on Diseases of the Bladder and Urethra, nor have there been more than two or three cases recorded in the British medical periodicals; and besides, the patient whose case I am about to narrate was seen by several members of this, and also

of the Obstetrical Society of London, and none of these gentlemen had evidently seen such a case before. I had been present when Dr. Thomas operated on an almost identical case in New York, and, having this experience, the diagnosis of the case operated on by Dr. Keith was evident, almost at a glance.

Mrs. S., aged forty-four, a big, stout lady, had been married at twenty-two. She had two children at intervals of sixteen months, and for six years after the birth of the last she was perfectly well. In 1872, after the birth of another child, she was annoyed by the occasional involuntary passage of her water when she coughed or sneezed. A son was born in 1874, another in 1875, delivered with forceps, another in 1877, and the last in 1879. All the children had very large heads. From 1872 until she became pregnant with the last, the urinary trouble continued to get worse, and Mrs. S. had often to get up in the night to pass water. During the whole of the last pregnancy, and ever since, the patient's condition was most lamentable. The uterus could only be kept inside the vagina by a large ring pessary; there was constant pelvic pain, and for a period extending over more than four years there had never been one night in which she had not been compelled to get up to empty the bladder at least five times, and usually much oftener. During the day she considered that she was fairly well if she did not have to micturate oftener than once every hour. For a long time there had been some pus and blood mixed with the urine.

In April of last year Mrs. S. consulted Dr. Keith, and the local condition was found to be as follows: There was no perineum; the uterus was large, and the os came down to the introitus vaginæ whenever the ring pessary was taken out; the wall of the urethra was enormously thickened, and projected considerably downward. The base of the bladder was felt to be quite healthy. The passage of a catheter caused severe pain, and before its point entered the bladder some thick pus flowed from it. The urine was quite clear. The skin surrounding the vulva was red and sore, for although patient was most particular, and washed and dried the parts many times a day, a little pus,

constantly oozing from the orifice of the urethra kept the skin moist and irritated. Dr. Keith considered that the condition of the urethra was possibly due to its posterior wall having been pressed outward by the large heads of the children, and as this condition was kept up by the loss of support due to the absence of all traces of a perineum, he thought that it would be best to make a large, firm perineal body, which would press the dilated urethra upward and forward, and thus obliterate the pouch, which was constantly full of pus. The perineum was repaired in April, but did not do what was expected. It simply supported the uterus, and took away a good deal of the pelvic pain. It became evident that the urethra itself would have to be attacked. Dr. Keith cut down, in the middle line, on a sound which had been passed into the bottom of the pouch, and made a large opening into the urethra. The wall was fully one and one fourth inches thick, and the opening was made large enough to admit one finger easily. A large amount of pus came away when the incision was made. The lining membrane of the urethra was rough and of a dark purplish color. The mucous membrane of the urethra and vagina were sewed together to prevent too rapid closing of the wound. There was not a very great amount of hemorrhage. From the first night patient became more comfortable; of course control over the bladder was not lost, as the incision did not reach back to the neck.

After four months, all pus and irritation having disappeared, the opening into the urethra, which, in spite of the original stitching together of the mucous membrane, was hardly larger than the point of an ordinary catheter, was closed with twelve horse-hair sutures. The patient got up on the day after the operation. The stitches were removed on the ninth day, and she now sleeps the whole night through without having to get up, and during the day requires to micturate two or three times only. In addition, all pain is now gone.

There was not the slightest doubt that the urethra alone was diseased and prolapsed. When the uterus was not supported by a pessary, and lay almost outside the vagina, there was naturally

some lowering of the bladder, but there was no condition at all approaching to cystocele; and when the uterus was properly supported, the slight sinking of the bladder was removed. This did not, however, have the smallest effect on the swelling of the urethra. That remained, no matter what the position of the other pelvic viscera was. Direct pressure lessened the size of the swelling slightly by emptying the pouch. In most of the cases which have been operated upon, an oval piece of urethra has been cut out, and the parts stitched together at once. When the lining membrane of the urethra has not become diseased, this is, without doubt, the proper method to adopt. In a case such as that of Mrs. S., such a plan would probably not have been successful. By making a dependent opening, and thus preventing the retention of pus and ammoniacal urine, the urethra soon returned to its normal healthy condition, in the same way as a diseased bladder will become healthy after a vesico-vaginal fistula has been properly made to cure cystitis, the only difference being that a patient with an opening in the base of her bladder is always uncomfortable and disagreeable to her friends. With an opening into the urethra she is uncomfortable only when making water, as the labia minora are then not in a position to perform "the most modest of the uses ascribed to them." (Edinburgh Medical Journal.)

On a New Method of Treating Sprains.—Dr. Thomas L. Shearer, of Baltimore, writes, in the Lancet, I have had a considerable number of sprained limbs to treat, and after employing the usual plans of treatment was led to adopt a new agent —clay. The clay is simply that used for making bricks, free from gravel, dried, and finely pulverized in a mortar. The powdered clay is mixed with water so as to form a thick and moist consistence. This is spread on muslin to the depth of a quarter of an inch, and applied entirely around the part. Over this is applied a rubber roller bandage, just lightly enough to keep the dressing from shifting and to retain the moisture. At the end of twenty-four or thirty-six hours the dressing must be renewed.

Notes and Queries.

THE NEW COMMITTEE OF THE CONGRESS.—When the handful of agitators who made all the commotion and din at New Orleans in May meets in New York, on the third of this month, they will assume a very different tone from that they used at Chicago in June. Much of their zeal will have been quenched. The wet blanket which public opinion has wrapped about them will have cooled their enthusiasm, while the almost universal condemnation of their movements, both at at home and abroad, has demoralized the leaders of the ill-timed and ill-starred revolution and reduced their followers to a mere corporal's guard.

To speak without mincing words, failure was written all over the new committee from the very start, and it already totters to its fall. Even though it were vouchsafed the wisdom to undo all it did at Chicago, the public mind has been so exasperated by its behavior that nothing short of an unconditional surrender would now be entertained. The feeling of the profession demands this, nor will it accept less. Let the agitators make no mistake on this point. They must lay down their arms and submit with what grace they can to be marched to the rear. Nothing short of this will be received as a settlement. This, and this alone, will open the only road that will lead to an International Congress in 1887.

The National Association made an egregious blunder when it appointed at New Orleans a new committee. It blundered again in the selection of the men who composed the committee. And the committee, true to its origin and its instincts, has blundered from that day to this. Conceived in error, all its steps have been marked by unwisdom and stained by selfishness. Fortunately for the best interests of the profession not only in this country but throughout the world, its mischievous career is fast drawing to a humiliating close. Before these lines are read the committee will have realized that "consequences are unpitying."

The leaders were bold enough when precipitating this deplorable imbroglio, and remained deaf to all reason. Their ears have been made to hear since that time. The voice of the profession has reached them; and not one of them all is so daft but he realizes that an overwhelming majority of the forty thousand physicians in the United States declines to lend countenance or support to the new committee or its schemes. The more thorougly the committee digests this fact the better will it be all round. For what manner of congress would a congress be without representatives?

That our readers may be still further advised as to the drift of public sentiment touching the blunders and the blunderers, we make room for numerous extracts from the medical press both in this country and abroad. They make mighty interesting reading.

The Philadelphia Medical News publishes the following letter from Sir James Paget, dated London, July 22, 1885:

DEAR DR. HAYS: I am very sorry to learn from some of your journals, as well as from letters which I have received, that there are serious differences of opinion among the members of our profession in your country as to the arrangements to be made for the International Medical Congress which it is proposed to hold in Washington in 1887. The deep interest which I feel in the Congress makes me venture to write to you in the hope of helping toward a right decision of some of the questions in dispute, and chiefly by stating what I believe to have been the custom at former meetings.

I believe that a principal question relates to the authority, if any, which was given by the Congress at Copenhagen in 1884 to the gentlemen who conveyed the invitation that the next meeting should be held in the United States of America.

I believe that it has never been considered that the members at one Congress should give any formal authority for any part of the organization of the next. At each meeting some place has been named at which it was deemed desirable that the next should be held; and at the same time, or soon afterward, some persons of high repute in that place have been asked to take such steps as they might deem necessary or most likely to promote a successful meeting.

Thus, after the Congress at Amsterdam in 1879, the President, Prof.

Donders, wrote, in the first instance to Sir Joseph Lister and Sir William Bowman, and by them, and those whom they asked to act with them, the first and all the principal subsequent measures were adopted for the promotion of the meeting in London. Sir Risdon Bennett, the Chairman of the Executive Committee, communicated to Prof. Hannover and Prof. Panum, of Copenhagen, the desire that the next meeting might be in one of the chief cities of Scandinavia; and those gentlemen, and others acting with them, began and had the principal part in all the arrangements for the Congress in Copenhagen.

I fully believe that it was understood at Copenhagen that the same course would be pursued in the organization of the Congress to be held at Washington. I was at the general meeting at which, after some discussion, the majority of the members present expressed the wish that the next Congress should be in the United States; and I have no doubt that it was expected that the distinguished American gentlemen there present would obtain the co-operation of the most eminent of their professional brethren, and would with them make all the arrangements which they should deem best.

Certainly it was not supposed that the Congress would be regulated, with any degree of exclusiveness, by the members of one medical association, however numerous; and I think it quite as certain that, if this had been thought possible, the proposal that the next meeting should be held in the United States would not have been adopted.

I am sorry, also, to feel sure that if the Congress be not supported by the eminent men who have now declared that they will take no part in it, the members of the profession in this country who will attend it will be very few. And in this opinion, as well as in all that I have written here, I have the concurrence of several of the most influential of the London Congress with whom, before this writing, I consulted.

The Boston Medical and Surgical Journal says:

It has been evident for some time that the prospect for a successful International Congress in this country was very small. It is impossible to expect men of scientific attainments to cross the water to take part in a Congress about which there is so much misunderstanding as in the present instance. It is exceedingly unpleasant to accept hospitalities in a house whose inmates are unable to agree as to the manner in which such hospitality shall be shown.

We are permitted to-day to print a letter from a medical gentleman, well known on this side of the water (Sir William MacCormack)

which expresses the attitude which men interested in the science and not at all in the politics of medicine must necessarily take. The letter is addressed to Dr. J. Collins Warren, and is as follows:

My Dear Collins Warren: I have seen in medical papers, and heard through private sources, that a serious disagreement has occurred in respect to the organization of the ensuing International Congress in Washington. A few of those who had been concerned in organizing the London Congress recently met to talk the matter over, for we feel that any failure which might attend the Congress in the United States would be little short of a professional disaster. I do not myself think, and most here would share my opinion, that a Congress from whose ranks some of your best physicians and surgeons have determined to withdraw, and whose members are to be further restricted to such as belong, either directly or by affiliation, to one medical body in America, would be likely to be attended by many colleagues from this country.

Speaking from personal knowledge, an International Congress can not be a success unless taken up in the warmest and most self-sacrificing manner by all the principal men in the country where it is to be held. I was present at the meeting in Copenhagen, where the invitation to meet in America in 1887 was given, and after some discussion accepted. I am sure it was present to the mind of every one there that the invitation was one from the profession of America, and not from any section of it, or any particular medical society in it. Otherwise, I feel pretty certain Prof. Virchow's invitation to meet on the next occasion in Berlin would have been accepted.

Even now it would appear to me wiser to have that invitation renewed, or to meet in some other place, than to have a meeting in America, from which, so far as we may at present judge, many of the chief men on both sides of the Atlantic would absent themselves. You are at liberty to use this letter as you deem fit.

Yours very faithfully, William MacCormack.

London, 13 Harley Street, July 25, 1885.

It is not easy to see how the matter can be remedied so as to counteract the disagreeable impression already made upon foreigners. What the committee may be able to accomplish at its extra meeting in September can only be conjectured, but we are very skeptical as to their power to accomplish any good results. Certainly nothing can be expected from men who consider the numerous resignations that have taken place as manifestations of a conspiracy, or as part of a game of bluff. We trust the editor of the Journal of the American Medical

Association will be able to comprehend, at least, that the opinion represented by the above letter is not the expression of those who have "deliberately undertaken to obstruct the work of organization."

A PROTEST FROM TEXAS.

The following preamble and resolutions were adopted by the Dallas County (Texas) Medical Society, in special session, convened July 25, 1885. The President, S. D. Thurston, M. D., in the chair:

WHEREAS, The American Medical Association, at its meeting in Washington City in May, 1884, recognized a general desire of the medical profession of the United States by adopting a resolution under which a committee was appointed whose duty it should be to extend an invitation to the International Medical Congress, shortly to assemble at Copenhagen, to hold its next meeting, in 1887, at Washington City, D. C., and

WHEREAS, The said committee, by the letter and spirit of this resolution, was fully empowered to act, not only as a Committee of Invitation, but as an Executive Committee as well, and

WHEREAS, The said committee in pursuance of the objects of the above-mentioned resolution, and duly exercising the unlimited authority delegated to it, enlarged its membership and otherwise provided for the successful holding of an International Medical Congress at Washington City, in 1887, all of which arrangements were considered by us as judicious, and, contrary to what has been charged by some, wholly disinterested as to personal or local aggrandizement, and

WHEREAS, The American Medical Association, at its last meeting at New Orleans, did, in our judgment, unwisely and untimely, virtually rescind its former action, which reactionary movement has deranged if not indefinitely suspended the work of the original committee, which was satisfactorily progressing, and created an indifference to the Congress among recognized leaders of medical thought and interest throughout the country, and

WHEREAS, There are those who persist in urging the so-called justice of their claims for the organization of the International Medical Congress on a territorial basis, which unfortunate idea has been unwisely further extended by some members of the profession in Texas in a manner calculated to arouse a sectional prejudice, which has little if any existence in our State; therefore, be it

Resolved, That the Dallas County Medical Society deplores what

must be considered the present interregnum in the affairs of the contemplated International Medical Congress, brought about, as we believe, by an ill-considered and hasty action at the New Orleans meeting before mentioned; that this Society was fully satisfied with the work of the original committee, which was composed of able, eminent, and conscientious members of the profession; that this Society repudiates any attempt to inject a sectional feeling into a purely professional matter which has reference to scientific investigations only, and that said attempt, if offered in behalf of the medical profession of Texas, is, in the opinion of this Society, both unauthorized and gratuitous; and that looking beyond a narrow-minded policy of personal aggrandizement and sectional interest, we heartily commend the recent action of Philadelphia and New York brethren, as well as those elsewhere, who have retired from the Congress until a more dignified and unselfish view of the arrangements can be had; and we pledge them our hearty support and good will in their efforts to advance the interest of the American medical profession in future meetings of International Medical Congresses, where the truly representative medical abilities of our country shall be enlisted uncontrolled by geographical lines or personal preferences.

OPINIONS OF THE AMERICAN MEDICAL PRESS.

So rapidly did the new nominees in one city after another—Philadelphia, Boston, Baltimore, Washington, and Cincinnati—declare that they would take no official part in the Congress under the new organization, that it became evident that the undertaking was doomed to ignominious failure unless a complete reversal of the New Orleans action could be secured. We have for some time been convinced that nothing short of that would satisfy the profession and restore any reasonable hope for the success of the Congress. We have felt, too, that this end was most likely to be accomplished by getting as full and prompt an expression as possible of the feelings of the profession. Of late it has looked as if these withdrawals, which at first threatened to confirm the wreck of the Congress, would really lead to the radical remedy we have mentioned. (New York Medical Journal.)

The fact is unmistakable that the present organization of the International Congress seems gradually falling to pieces. Its best and most representative men have withdrawn. Opinions from the other side show that no confidence or sympathy will be felt in the position taken by the American Medical Association. It is useless

to deny that, unless something radical is done, the Washington Congress will be simply a humiliation of American medicine before the world. (New York Medical Record.)

Seldom has there been such unanimity of opinion upon any matter as we have seen expressed in the medical journals of this country on the proposed International Medical Congress. We need not repeat in detail the well-known story of the appointment of the original committee by the American Medical Association, with plenary powers to prepare for the meeting of the Congress in 1887; of the opposition which the printed provisional list of officers and members of the Congress met with; of the movement set on foot to reorganize the original committee, and thus give an opportunity for the admission of some of the discontents to positions in the Congress; of the reorganization of the officers and councilmen of sections in Chicago in such a way as to distribute the appointments over a larger area of the Union, not failing to "punish" (as they say in politics) original members who had condemned the New Orleans movement, or were new-code men; how some of the active dissensionists were supplied with prominent places in the new organization; how the leaders of the original committee were compelled by self-respect to resign, and the most prominent members of the original body in Baltimore, Philadelphia, and Boston, promptly withdrew their names, thus withdrawing from the Congress a considerable number of the ablest men in the country. It is a record painful to make, not only because it means that the Congress can not now possibly be what it could have been under the first organization, but because it shows how large a share of medical politics can enter into the meetings of such a loosely constructed body as the American Medical Association, when designing members choose to exert themselves. (North Carolina Medical Journal.)

The policy of the committee was broad and liberal, recognizing representatives of American medicine, regardless of residence and difference of opinion on matters of purely local interest. The committee appointments, therefore, were made regardless of membership in the American Medical Association and without respect to differences on questions of medical ethics. After all, the International Medical Congress, organized in the interest of medical science and medical philanthropy, feels no concern whatsoever in the professional policy or politics of the country where a meeting may be held. The work of the committee, under the circumstances extremely deli-

cate and difficult, was practically well done, and, in the main, acceptably, we believe, to the American profession, as well as to a majority of the members of the American Medical Association. However, there were murmurs in various quarters.

Some complained of the committee for exercising unwarranted authority. However this may be, we believe the committee acted in good faith and in the interest of the International Congress. The language of the resolution, under which the committee was constituted, is certainly very wide in its scope and may easily be interpreted as granting full executive power.

Others thought the committee wanting in propriety to elect its own members to the most exalted positions in the organization. Why should the committee have gone beyond its own membership, we ask, when its *personnel* comprised names historical in American medicine, honored by their countrymen and respected abroad?

More objected to the appointments of the committee on the ground of an unequal sectional representation. "The North, the South, the East, and the West" were arrayed as if we were in the midst of a presidential canvass. This argument had its effect upon a few inflammable minds, but, fortunately, devotees to the science of medicine are not hedged in by sectional lines. We favor the appointment of men who represent American medicine, wheresoever they may reside, whether in the empire of Texas, in California, or in the cities of the East.

The real cause of all this discord arose from a feeling perfectly natural among men struggling for personal or professional preferment. There were not offices enough to go all around, and for this reason only many men of unquestioned merit were excluded from official connection with the Congress. The justice with which some others were excluded we now realize more fully, since they have demonstrated so clearly their own unfitness for high official positions.

Already it is painfully evident that it is simply impossible to organize the American meeting of the International Medical Congress upon the plan adopted by the Chicago committee. Truly, we stand to-day a divided household, and unless some reconciliation can be effected, the failure of the Congress is inevitable. (New Orleans Medical and Surgical Journal.)

The progress of another week presents a wide-growing distrust of the recent work of the committee at Chicago. The withdrawal of the appointees of the committee in Philadelphia, Boston, Baltimore, and Washington, has been followed by similar resignations in Cincin-

nati, St. Louis, Chicago, and in other localities. These declinations have come not only from the gentlemen originally appointed by the first committee, but, in a number of instances, the appointees of the present committee respectfully decline to hold the honors awarded to them. Indeed, it seems to be quite apparent that the gifts of this committee will go begging unless some unseen power is raised up to prop its waning fortunes. Under existing circumstances it seems clearly the duty of this committee to abandon its work of reorganization as the most graceful and practical solution of the difficulties which embarrass it. By such a course the committee would in no sense lose the respect of the American profession. It has been placed in a false position by the American Medical Association. It has been called upon to perform a duty which no similar committee of the Association can perform under existing circumstances. (Maryland Medical Journal.)

Perhaps it would have been just as well, in the interests of the Congress, had the New Orleans meeting left well enough alone. Unless the *status quo* of the committee and its appointees before the New Orleans meeting be restored, the prospects of the Congress must be very gloomy. (Medical Age.)

We had supposed that the meeting of the American Medical Association recently assembled at New Orleans would gladly indorse the acts of its committee, and say, Well done! Go on and complete the work you have so well commenced. But no, says a narrow clique of agitators, you have left certain States unrepresented, you have neglected the rural districts, and, worse than all, you have ignored a number of us bumptious sore-heads, who are superlatively well qualified for the most responsible positions in the Congress. By some means a majority of those present were induced to vote for a resolution which practically censured the committee, and added enough new men to govern the organization for the future.

We can not help thinking that the method of procedure was, in all respects, unmanly, ungenerous, and unjust; and we sincerely sympathize with that large portion of the respectable body of the profession in the United States, who must feel keenly the humiliating position in which they have been placed. Already this sad business is bearing its bitter fruit. The respectable physicians of grand, conservative old Philadelphia have, in a body, formally declined "to hold any office whatsoever in connection with said Congress, as now proposed to be organized." (Canadian Practitioner.)

Pretty much every body has now resigned from the organization of the coming International Medical Congress except those who ought to resign—the members of the new committee who are responsible for the muddle. It is already clear that, under the existing state of things, very few of the leading members of the profession, who alone could give such a Congress dignity, will have any thing to do with it, and it follows inevitably, as Sir James Paget writes, the members of the profession from abroad who will attend "will be very few." In fact, it is quite evident that unless the people who have caused this fuss withdraw and leave the management to the Original Committee, to whom it was practically intrusted by the Congress at Copenhagen, the meeting of 1887 will not be held in this country at all. (Philadelphia Times.)

Place the blame where we may, either with the Original Committee, the American Medical Association, the New Committee, or the disaffected members of the profession throughout the United States, we can but acknowledge that the arrangements for the meeting of the International Medical Congress are, upon the whole, in a very bad fix; that the prospect for a successful Congress is very much threatened; and that the medical profession of the United States does not present a very enviable aspect to the outside world. (Texas Courier-Record of Medicine.)

OPINIONS OF THE FOREIGN MEDICAL PRESS.

The extracts from the American medical journals, which we print elsewhere, will be sufficient to show that the prevalent opinion in the States is, that the Washington Congress is not only in danger, but absolutely doomed to failure. The leaders of the profession, both in Boston and Baltimore, have followed the lead of the Philadelphians, and withdrawn from the Congress, and it is not unlikely that their example may spread to other cities, though, indeed, enough has already been done to turn the meeting of 1887 into what an American contemporary, drawing its illustration from our common history, appositely terms a "rump" Congress. The only hope is that the American Medical Association will be startled back to its senses by the strong and decisive action of the profession in Philadelphia, Boston, and Baltimore, and will make haste to retrace its steps. It may be taken for granted that not even the leaders of the malecontents, and certainly not the members of the Association at large, realized that the results of their action would be destruction to the Congress

of 1887, and danger to its successors. Such an event was probably far from their calculations. They simply reckoned without their host, that is, their leaders, and if they are wise, they will cast another reckoning, this time with due regard to the said host. (London Medical Times.)

The most recent advices from the United States have brought the startling intelligence that there exists in the American medical profession a very serious discord concerning the next International Medical Congress. The fact is very grave. Its existence jeopardizes, if it has not already destroyed the probable success of the forthcoming Congress. Certainly our brethren in the States can not expect those who have already promised to attend and those who may expect to visit America at that time, to work with enthusiasm in the preparation of any scientific contribution while those whom they propose to visit are divided, and while wholesale secessions of the official executive and of well-known persons nominated to high offices are announced. It seems to be conclusive that the profession in America at this moment is hopelessly divided on the subject. Already a large proportion of the influential and active scientific men of Philadelphia, such as Bartholow, Weir Mitchell, Da Costa, H. C. Wood, Pepper, Leidy, Stillé, Parvin, and Goodell, and David Yandell, of Louisville, have publicly withdrawn from the organization of the Congress. A like number of distinguished men in New York, such as Loomis, Roosa, Jacobi, Mundé, Agnew, and Emmet have also either resigned or been dropped, and therefore will not co-operate with the present organization. The outlook, as the matter now stands, is not at all encouraging. One committee has reorganized the work of another up to the point near that of destruction. Altogether, the position is lamentable, and there is much fear that the acceptance of the invitation to meet in the States may be withdrawn, and the next meeting of the International Medical Congress be held in Berlin or some other great medical center, pending the settlement of the serious dissensions among our brethren of the United States. (British Medical Journal.)

There is something very ludicrous in the attitude of the Committee appointed by the American Medical Association, and which, on its own authority alone, presumed to undo the work already accomplished by the Committee specially appointed by the Congress at Copenhagen. The former self-constituted body has deposed the well-known and respected physicians elected by the latter to preside in the

various sections, many of whose names are of world-wide renown, and replaced them by a long string of nonentities, scarcely one of whom has ever been heard of outside the village in which he gains a living. The few celebrated physicians who were graciously permitted to retain official posts have naturally and properly shown their disgust by declining to be associated with the strangely mixed representatives of American medical science who are elevated into notoriety by the action of the Association ring; and things are now at such a pass that even the home journals are reckoning up the meeting as certain to be a miserable failure. The more sensible organs, however, are tendering the malecontents a piece of advice which they will do well to act upon, namely, that at their next meeting they should quietly determine their official existence, and resign the organization of the Congress to men of standing in the profession, and who will be able to command confidence and respect on this side of the Atlantic. Unless some definite action of this kind is speedily taken, it is a moral certainty that the Congress, if persisted in, will lose every atom of its international character; for no one is going to contribute papers, or be at the expense of reading them to an assembly of mutual admirationists whose meddlesome conceit is scarcely equaled by their obscurity in the world of medicine. We have still, however, sufficient faith in the good sense of our American *confrères*, as a whole, to feel assured that the little band of nobodies will speedily be sent to the rightabout, and the direction of the arrangements reassumed by the men who ought never to have resigned the trust reposed in them. (Dublin Medical Press.)

We learn by the Medical Times that the organization of the International Medical Congress at Washington is meeting with certain difficulties among our *confrères* beyond the sea. The American Medical Association disapproves of the acts of the committee named at Copenhagen, although the latter had joined to itself a great number of members of the Association. It preferred to replace the committee by another made up wholly of its own members. It would be ungracious in us to criticise the honorable medical association of the United States in any way, but it is incontestable that this way of acting is contrary to the usage followed by the International Medical Congress thus far, and, as the Medical Times very justly says, it involves great risk of compromising the success of these international reunions for ever. What is none the less certain and none the less grave is, that thus many of the American members who are held in the highest esteem here, and enjoy the deepest sympathy, would be

alienated from the Congress. However attractive it would be for us to extend the circle of our acquaintance and to contract new relations, we should be quite as well pleased to see again those whose names have long been known to us, and whom we are proud to call our friends. There is no doubt that any indignity put upon them will considerably chill the zeal of their Old-World colleagues in trusting themselves to the uncertain waves of the ocean. (*Progrès Médical.*)

The International Medical Congress, to be held in Washington in 1887, is in great danger, if not of being totally wrecked, of at least losing those characteristics without which such gatherings would degenerate into insignificant meetings.

We have, heretofore, pointed out that the preparations for the Congress, under the direction of the Secretary-General, John S. Billings, were progressing most satisfactorily. The officers, the members of the General Committee, and of the Executive Committee, the Presidents, Secretaries, and Councillors of Sections, appeared to us to have been selected with remarkable skill, and we missed scarcely a name which is well known and held in esteem in Europe. In addition to the great American Medical Association the regularly organized State and local medical societies, as well as those which were devoted to special subjects, were in our opinion entitled to representation.

The hopes which were based on such an arrangement as was proposed are, in an entirely incomprehensible manner, destroyed by the American Medical Association, and permanently so, unless a remedy is very speedily found.

The Original Committee, with Austin Flint as President and J. S. Billings as Secretary-General, proceeded in full accordance with the principles of former congresses, and in conformity with the understanding with which the Congress at Copenhagen accepted the invitation to America—to wit, that the professional status of the United States in the Congress should be represented in its entirety as a national body, which should include all medical societies and bodies with common and special aims. The American Medical Association concluded otherwise. By it the invitation was construed in a different sense, but in Copenhagen it was universally understood as coming from the profession of the United States, and so did Dr. Billings and his associates understand it. . . . .

The motives of those opposing the excellent Original Committee appeared to spring from injured ambition, which had not received recognition. They had long assumed a threatening attitude, and were anxious to reap the fruits of their underhand work.

Accordingly, an old controversy was utilized which has divided the physicians of the United States into two factions, distinguished as the old code and the new, differing from each other in that one observes the strictest, the other a lax attitude in reference to consultations with irregular practitioners. Now, a number of the followers of the new code were selected as members of the various committees, and their opinion on the code question was held by the Association to be sufficient ground to exclude them. Whatever may be thought of the question of professional ethics in America, the American Medical Association was not justified in making this a criterion for membership in the International Medical Congress, whose whole character must always remain entirely uninfluenced by such local differences.

Because the opponents of the Original Committee had a majority in New Orleans, the new committee chosen was called together on the 24th of June in Chicago, and its meeting conducted in the interests of the majority. This procedure excited public opinion in the United States in the highest degree. The formal right of the American Medical Association thus to act is questionable, so that nothing remained except for the leaders of the North American profession to deny responsibility for such a procedure, and at the same time to refuse to participate therein. This was done unanimously.

The most eminent physicians of Philadelphia, Boston, and Baltimore have refused office in the new organization, and the same action is expected on the part of the physicians of other cities. Of how little real importance the code question is in this matter may be inferred from the action of the medical profession of Philadelphia, whose members are thoroughly in accord with the principles of the old code, and yet were the first to protest against the action of the American Medical Association.

Whatever may be thought of the value of international scientific and medical congresses, it is certain that the European profession this time would willingly have availed themselves of the invitation of their colleagues in the United States. This, certainly, we can affirm of Germany. As the matter now stands, one may fairly hesitate to attend, since a local result only can be attained. With many there will be little inclination to take part in a Congress to which the 40,000 physicians of the United States are not admitted, but only a small minority of them, inasmuch as the American Medical Association in all its branches numbers only 3,000 members. We were well pleased to act under the leadership of Austin Flint and Billings, but we have little confidence in that of Shoemaker, who is merely known to us through his oleates. (*Deutsche Medicinische Wochenschrift.*)

MORE WITHDRAWALS FROM THE CONGRESS.— The Philadelphia Medical News of August 22d announces the following declinations of office under the new committee: Drs. Hunter McGuire and S. P. Moore, of Richmond, Va., as Vice-Presidents of the Section of Military and Naval Surgery and Medicine, and Dr. James B. McCaw, of Richmond, Va., as Vice-President of the Section of Medicine; Dr. Le Grand N. Denslow, of St. Paul, as member of Council of the Section of Dermatology and Syphilis.

The editor is informed that Dr. John L. Atlee, of Lancaster, has declined his appointment as Vice-President of the Congress, and that Dr. Joseph R. Smith, U. S. A., on the Council of the Section of Public and International Hygiene, Dr. E. S. Dunster, of Ann Arbor, on the Council of the Section of Obstetrics and Gynecology, and Dr. Henry Sewall, of Ann Arbor, on the Council of the Section of Physiology, have also declined to serve.

THE Chicago physicians and the new organization of the Congress:

Believing that the American Medical Association, at its late meeting in New Orleans, took such action with reference to its committee appointed one year before, to unite, arrange for, and organize the Ninth International Medical Congress, as to nullify in part the work performed by said committee, thereby jeopardizing the success of the proposed Congress, and putting the medical profession of this country in a false and unfavorable light, the undersigned disapprove of this action of the Association, and decline to serve in the positions to which they have been appointed in the Congress as at present organized.

A. Reeves Jackson,
Henry M. Lyman,
N. Senn,
Charles T. Parker.
James Nevins Hyde,

THE Charleston physicians and the new organization:

The undersigned, for reasons connected with the changed circumstances in the organization of the proposed International Congress, since their appointment in the several sections, hereby respectfully withdraw their names.

Middleton Michel,
F. Peyre Porcher,
Francis L. Parker.

OTHER RESIGNATIONS.—It is stated on good authority that Dr. Edwin M. Snow, of Providence, has declined the vice-presidency of the Section of Collective Investigation, Nomenclature, and Vital Statistics, and that Dr. D. Bryson Delavan, of New York, has declined the secretaryship of the Section of Laryngology.

Dr. Thomas F. Wood, of Wilmington, N. C., has declined to serve on the Council of the Section of Practical and Experimental Therapeutics; likewise, Drs. J. Rufus Tryon, U. S. N., and Alfred A. Woodhull, U. S. A., on the Council of the Section of Military and Naval Surgery and Medicine, and Dr. Christian Fenger on the Council of the Section of Pathology.

RETIREMENT OF DR. EARLE.—Dr. Pliny Earle, Superintendent of the Northampton Lunatic Asylum, has resigned the position which he has adorned for so many years, and in which he has done so much for the true understanding of the incurability of insanity. We copy the following deserved tribute to Dr. Earle's worth and work from the Springfield Republican newspaper:

His chief work in the specialty, and that by which he will be longest remembered, has been his demonstration of the statistical errors in hospital reports, and the true nature of curability, as that term is applied to the insane. He has long been the master in this country of insanity statistics—no other writer even approaching him in this—and he has finally demonstrated, so that men can no longer doubt it, that only a small portion of the insane in hospitals ever recover, and remain free from mental disease. This demonstration was resisted and argued against by other hospital superintendents, who could not believe, or would not admit, that they and other predecessors had been absurdly wrong in their statistics of recovery. But Dr. Earle persisted with the unfaltering logic of facts, arraying their own figures against them and infusing an element of kindly ridicule into the argument, until the opposition has given away all along the line, and the experts admit, with a sigh, what this veteran

told them to begin with, that insanity is one of the least curable of diseases.

To the public the result of this demonstration by Dr. Earle —it might almost be called his discovery, since he alone has brought it to the notice of mankind—is of double significance, and has an aspect both agreeable and painful. It is not pleasant to learn that the hope of recovery, so constantly cherished by the friends of the insane in the early period of the disease, is doomed to disappointment in the majority of cases; but even here it is better to know the truth than to be deceived by vain hopes. On the other hand, it is a relief to the public to know that the costly appliances for the care of the insane, once deemed needful in all cases, may be dispensed with in most, for the sufficient reason that a cure is impossible. What is then needed is a simpler mode of treatment, looking toward comfort, occupation, and freedom from needless restraint, but far less burdensome to the public treasury than the old indiscriminate treatment of all insane persons as if they were curable. For those who are so in reality, Dr. Earle's demonstration opens the way to better treatment and more satisfactory results.

Perhaps no hospital superintendent ever attended more systematically to all the details of this work, or carried them more completely in his mind. His discipline has been strict and exacting, particularly in regard to industry and frugality. He has cared little for show or for fame, but has done his daily duty with accurate fidelity, "As ever in his great Taskmaster's eye."

His reward has come in the gradual recognition of his services by many who were once slow to admit them, and still slower to allow that the quiet veteran in his old-fashioned hospital, and among his dry statistics, was the real head of his profession in America. Such has been the fact, however, for years—and it is this which makes Dr. Earle's withdrawal from active duty an event of more than local consequence. He will remain a citizen of Northampton, and will there prepare for final publication the writings on which he has long been engaged.

Editor of American Practitioner:

I inclose you some notes taken at the clinic of Dr. D. Argyll Robertson, held in the Royal Infirmary of Edinburgh. I have selected a few of the principal cases operated upon to illustrate the manner or mode of procedure adopted by Edinburgh's noted oculist.

Patient No. 1. Case of senile cataract. A speculum and fixation forceps having been applied, an upper incision of the cornea was made with a very narrow Graefe knife, the puncture and counter-puncture being made in the corneo-sclerotic junction. Iridectomy was performed in the usual manner. The lens capsule was torn open with a cystotome, and the lens expelled through the corneal wound by the aid of the tortoise-shell spoon, a sliding upward pressure being made against the lower edge of the cornea. For the removal of lenticular matter a curette was repeatedly introduced into the anterior chamber. Small particles of lenticular matter and blood that failed to be caught by the curette were removed by the aid of the tortoise-shell spoon, pressure being made against the cornea by a sliding-upward movement, and sufficient force or pressure being exerted to free the anterior chamber from foreign substances.

The utmost importance seems to be attached to the removal of all lenticular matter, and to this end surgical interference is carried (in the opinion of the writer) to a hazardous point. After the instillation of a four-grain solution of eserine the patient was directed to gently close both eyelids, when an ingenious bandage in use in this infirmary was applied. This operation was done under the anesthetic influence of cocaine.

As illustrative of the persistence and extent to which surgical interference is here carried, and the force employed for the removal of lenticular matter, I note that two patients operated upon for cataract last week are now suffering from panophthalmitis, while a third has suppurative corneitis.

Patients Nos. 2 and 3. Cases of convergent strabismus. The eyelids being separated by a stop speculum, a fold of the conjunctiva was picked up with the forceps, care being taken to

secure the deep fascia over the lower edge of the insertion of the rectus tendon. A small opening was then made with scissors through both of these structures, the cut being directed toward the globe. A strabismus hook was passed through the opening in the conjunctiva and deep fascia behind the tendon. The scissors were then introduced and the tendon divided on the ocular side of the hook. A counter-puncture was made in the conjunctiva by a snip of the scissors. The object of this counter-puncture seemed to be not altogether for the escape of effused blood, but to aid in the correction of the obliquity, since in this instance the division of the tendon up to this point was not sufficient to insure a perfect result.

Patient No. 4. This was a case of intraocular melanotic sarcoma, which had burst through the globe. The growth had the characteristic black color due to an admixture of choroidal pigment. The neoplasm had invaded all the structures of the globe. The patient being chloroformed, the conjunctiva around the cornea and part of the exposed tumor was excised, the recti oblique muscles and the optic nerve were divided, and the diseased eyeball removed. Pressure was made in the orbit until all bleeding ceased.

The mouth of the conjunctiva from which the globe had been enucleated was kept open with fixation forceps, and chloride of zinc paste spread on small strips of lint were applied to the sides of the orbit. A small quantity of cotton wool was introduced to keep the strips of lint in place; a layer of lint was applied over the conjunctiva; the eyelids were closed and kept *in situ* by the aid of the usual roller bandage.

Patient No. 5. A case or onyx, or more properly an abscess of the cornea. Effusion or infiltration of pus between the laminæ of the cornea in this case involved the inner and lower quadrant of the cornea. There was marked tension and the patient complained of great pain, notwithstanding the fact that he had received four instillations of a four-grain solution of cocaine. An incision was made with a very narrow Graefe knife through the upper angle of the quadrant, defined by the infiltration of

pus. The incision was made to include a small portion of healthy cornea on each side and opened into the anterior chamber, permitting a free evacuation of the aqueous humor.

Iodoform was dusted upon the wound, the eyelids closed, and a light bandage applied.

Errors of refraction were corrected by the aid of retinoscopy in a manner similar to that adopted by the London hospitals, and no doubt now in vogue in your city.

Cocaine is used in nearly all ophthalmic operations done at the Royal Infirmary.

WM. B. MEANY, M. D.

EDINBURGH.

AN HONOR TO A NEW YORK SURGEON.—The King of Greece has recently conferred on Dr. Morris H. Henry, of New York, the Golden Cross, and created him an officer of the Royal Order of the Savior. The honor was conferred for services rendered to medical science, on the recommendation of the faculty of the University of Athens.

Editor American Practioner:

CASE OF CEREBRAL HEMORRHAGE.—I was called, June 13, 1885, to E. G., colored, aged seventy, who was thought to be dying. I found him entirely unconscious, pulse slow and extremely irregular, but the heart sounds normal; breathing stertorous, the left cheek visibly paralyzed; pupils unequally contracted, and the eyes deviated slightly toward the right side. There was complete muscular relaxation. Reflex excitability was abolished. A diagnosis of cerebral hemorrhage affecting principally the right side was made, and the friends informed that death was imminent.

The following history of the patient was given me. Eight years ago, after washing his feet, he had epistaxis so severe as to threaten life. The attending physician, thinking that there might have been some connection between the foot-washing and the nose-bleeding, warned him against a repetition of the former. The patient subsequently had often been heard to remark, "I

would n't wash my feet for a thousand dollars." But, strange as it may appear, two hours before I saw him, he ordered water, soap, and a towel, preparatory to breaking the resolution he had formed eight years before. Scarcely had he accomplished his design, when he fell from his chair, and soon became unconscious. Four hours later he was dead. I have thought this double coincidence worthy of note.

FRANK BLAIR, M. D.

PRINCETON IND.

BACTERIOLOGY IN BERLIN.—A correspondent of the Canada Medical and Surgical Journal, who signs his name *Termo*, is responsible for the following:

Quite a number of cases of epidemic cerebro-spinal meningitis have occurred here recently. This disease has a peculiar interest just now, owing to the fact that it and fracture of the patella are the only two remaining diseases in which some German pathologist has not, as yet, succeeded in isolating to his own entire satisfaction some distinctive micro-organism. The prevalent opinion that Koch has recently discovered the bacillus of fractured patellæ would therefore seem to be erroneous, for it appears that (1) the bacillus in question had no connection with the human patella, but merely with the tibiæ of sundry dogs and rabbits; (2) that as the bones were fractured first and inoculated afterward the bacillus could scarcely be said, strictly speaking, to stand to the fracture in the relation of cause to effect; and lastly, Koch has lately solemnly affirmed (and there is no valid reason why he should not be implicitly believed) that it was not he, but some other man, who discovered the organism in question.

In spite of this, bacteriology has made vast strides in other directions. Prof. Donner and Dr. H. F. von Blitzen report (see *Krankheit's Archiv*, Bd. ii, 1885) their investigations in reference to the *bacillus mal-de-meris*. They find it can readily be isolated by a very simple process which usually procures a temporary relief to the patient. Its favorite habitat would appear to be the lee scuppers, though it has been found in the gangways, and

even, especially in the more severe cases, in the cabins, while the brilliant pathway noticed at night in the wake of the ship, hitherto thought to be caused by surface infusoria, is undoubtedly due to the spores of this bacillus. Its incubation period in the human subject varies from three or four hours to as many days. The earliest symptoms are, singularly enough, exactly the reverse of those in *agoraphobia*. It flourishes at all temperatures and seasons, thrives remarkably on sterilized bouillon (readily obtained on all transatlantic steamers), less vigorously on tea and toast, while its growth can be temporarily arrested by the use of alcohol in a more or less concentrated form.

In a later number of the Archives, Dr. Blitzen has communicated some further details respecting this most interesting parasite. He states that he and his colleague, Prof. Donner, carefully controlled, by means of low powers, the lee scuppers of all the large steamers arriving in England during the past winter. This organism, which is usually accompanied by filaments of *leptothrix buccalis* and occasionally by colonies of *sarcinæ ventriculi*, was found in every case, and on one occasion was associated with very large numbers of the micrococcus of malignant endocarditis. Dr. Blitzen states that at first he was somewhat puzzled to explain this occurrence.

A learned physician has been for some time anxious to perform the experiment upon some extensive cultivating establishments unpleasantly near to the Charité, but has so far been unable to secure the necessary favorable conditions owing to an acute eruption of policemen in the vicinity.

A larger organism which has lately been investigated is the *Macrococcus Bolognæ*. This is seen either in rods or clumps hanging on nails in most butcher's stalls. Its color is brown, and occasionally mottled. This is a larger organism than those previously described, as it measures from two to ten feet in length and weighs from three to five pounds. The best way to isolate it is to buy a few for three pfennigs apiece. If treated with a smaller sum, it invariably breaks up into smaller pieces called spores, and then spreads rapidly. It is good to eat.

The *Micrococcus Limbergeri* has recently been the subject of numerous investigations. In fact every stranger, soon after his arrival in Germany, attempts to investigate it, and with very various results. Unlike those mentioned above, it is very difficult to isolate. One plan, lately suggested by Prof. O'D. Rossa (United Ireland, 1885), seems to be feasible. It consists in isolating the micrococcus, together with its pabulum and a large portion of the adjoining sidewalk, by the judicious application of a few pounds of dynamite. This species is *not* good to eat.

Your readers will now be relieved to learn that for the present they will be spared any further remarks upon bacteriology, as the *spiro-gyra barrel-organi* is breeding so freely upon some pieces of Lohengrin, just outside the window, that all other matters must be suspended till the disease has been isolated with a boot-jack and destroyed by a moist heat of 212°F.

Trained Nurses.—In cases of illness, the point that probably most affects the welfare of the patient is the qualifications of the nurse in attendance. So much of the treatment is necessarily carried out through her instrumentality, and the success of the treatment employed may be so favored or impeded by her proceedings, that the modern idea of nursing is that it should only be undertaken by those who have been carefully taught and trained. Especially is this felt to be the case when dealing with a number of sick and helpless patients, such as are met with in our large infirmaries. When it is considered that nursing includes careful watching and intelligent observation of the patient, with the view of noting changes and symptoms of importance in his condition, and that it aims at carrying out practically toward individual patients, or collections of patients, those sanitary rules which we know are necessary for those in health, and are of still greater consequence to the sick, we feel that uninstructed and untrained nurses should no more be placed in charge of a single patient, or of a hospital ward, than that an unqualified man should be appointed medical officer to a parochial infirmary. (British Medical Journal.)

THE AMERICAN RHINOLOGICAL ASSOCIATION.—The third annual meeting of the American Rhinological Association will be held at Lexington, Ky., October 6, 1885. Papers and discussions will be devoted exclusively to the diseases of the nasal passages and their sequences. The officers for 1885 are: President, P. W. Logan, M. D., Knoxville, Tenn.; First Vice-Presinent, A. DeVilbis, M. D., Toledo, O.; Second Vice-President, J. A. Stucky, M. D., Lexington, Ky.; Recording Secretary, C. A. S. Sims, M. D., St. Joseph, Mo.; Librarian, N. R. Gordon, M. D., Springfield, Ill. Council: J. G. Carpenter, M. D., Stanford, Ky.; H. Jerard, M. D., East Lynne, Mo.; H. Christopher M. D., St. Joseph, Mo.; E. F. Henderson, M. D., Los Angelos Cal. Information concerning the full programme, membership, papers, attendance, etc., may be learned from any of the above officers of the Association.

THE SOUTHWESTERN KENTUCKY MEDICAL ASSOCIATION held its twenty-eighth Annual Meeting in Paducah, Ky., on the 12th of May, 1885. There was a good representation of the profession of Southwest Kentucky present, and great interest manifested in the reports and discussions by all in attendance. Many original and practical papers were read. The Association will hold its semi-annual meeting in Arlington, Ballard County, on the 10th of next November. J. W. Thomas, M. D., of Mayfield, Ky., President; B. F. O'Daniel, M. D., Hickman, Ky., Secretary.

[In consequence of the illness of the editor this notice missed insertion in an earlier issue of this journal.]

SUGAR-COATED PILLS.—It goes almost without the saying that when W. R. Warner & Co. compete for a prize offered for sugar-coated pills that they win. The many friends of the firm will be glad, though not surprised, to learn that they received the first premium at the World's Exposition, New Orleans, for a uniformity and solubility for their sugar-coated pills. This makes the ninth World's Fair prize gained on their merits.

MEDICAL JOURNAL ADDRESSES.—We have received from the Illustrated Medical Journal Company of Detroit, Mich., several sets of their perforated, adhesive medical journal labels. The list includes, besides the journals of the United States that are devoted to medicine, pharmacy, and hygiene, those of the Provinces of Canada. Four complete sets will be mailed postpaid for fifty cents on addressing the publishers above named. In addressing journals, reprints, and circulars they will be found useful.

CHOLERA is running wild in Spain, and spreading rapidly in France. Between four and five thousand new cases daily, with from one to two thousand deaths are reported from Spain; while perhaps as many hundred mark its ravages in France. That the scourge will work its way through Central and Northern Europe before snow flies is not improbable; but those who prognosticate of epidemiological events say that America will probably have to wait another year for the expected visitation.

PEACOCK'S "Bromides" and Peacock's "Fucus Marina," manufactured at the Peacock Chemical Works, St. Louis, have, it seems, from letters received from several practitioners, already been used sufficiently to commend themselves to our favorable notice. We should be glad to have a methodical report on the action of both remedies.

DR. R. W. DUNLAP, an old and respected physician of Danville, and for many years a member of the Kentucky State Board of Health, is dead. His death, caused by disease of the heart, was sudden.

DR. FEHLING, of Stuttgart, known for his invention of the celebrated sugar test which bears his name, is dead.

PROFESSOR MILNE EDWARDS died in Paris, on July 29th, in the eighty-fifth year of his age.

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